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PROGRAMS OF
DISTRICT MEETINGS
FALL 1957

Journal

North Carolina Dental Society



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VOLUME 41

SEPTEMBER, 1957

NUMBER 1

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THE JOURNAL

of

The North Carolina Dental Society

(A Constituent of the American Dental Association)

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1957-1958

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VOLUME 41

SEPTEMBER, 1957

NUMBER 1

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*The Journal of the North Carolina Dental Society
Proudly Dedicates This Issue to*



**Joshua Marshall Kilpatrick, D.D.S.
Robersonville, North Carolina**

Whose untiring efforts in his profession to serve his community have won the warm affection of his fellow dentists, patients and friends.

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Whose untiring
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to serve his community have worked
dentists, patients and friends.

ie President's Page . . .

RALPH D. COFFEY, D.D.S.
Morganton

Plans for the New Year

Because this is my first opportunity as your president to contact you through the columns of the JOURNAL, I feel I should tell you some of the plans we have in mind for the year 1957-58. This will put them in your hands in ample time for your serious consideration and study before the District Meetings this fall. It will be helpful to me to have your reaction on the course we intend to pursue during the coming months in behalf of organized dentistry in North Carolina. We solicit and we will welcome your comments and your criticisms. We have no desire but to do those things which are in the best interest of organized dentistry as it affects you, the members of the North Carolina Dental Society.

Your officers were directed by the House of Delegates last May to do the following:

(1) *Appoint a Committee on Medicare.* This committee was appointed and with the help of our Executive Secretary, Andy Cunningham, the U. S. Marine Air Corps Air Station at Cherry Point withdrew its request to be declared "remote for dental purposes" under the Medicare Act.

This committee has had its hands full and probably will have its hands full for some time. Under the direction of its chairman, Dr. A. T. Jennette of Washington, conferences have subsequently been held with dental service officers from Fort Bragg and Seymour Johnson



DR. COFFEY

Air Force Base. A copy of an interim report by the committee on its activities up to now will be found elsewhere in this issue. It is an excellent report and I commend it to the Society.

(2) *Appoint a committee to re-write the History of the North Carolina Dental Society.* This has been done and the committee under the supervision of its chairman, Dr. Neal Sheffield, is now at work. This is an assignment which can not be completed in any one administration. We will, however, make funds available for the use of the committee. If they are not used this year, such funds will be designated for this work in succeeding years.

(3) *Seek revision of fee schedules for all agencies operating on a fixed-fee schedule basis.* This assignment will be carried out this

year. To do this, we found it necessary to conduct a survey of dental fees in this state and I instructed Dr. Luther H. Butler to proceed with such a survey. He informs me that it is nearing completion and the information will shortly be made available to the various committees involved and to the membership. On the basis of this survey a revision of the fee schedule of the Veterans Administration and the Industrial Commission will be sought.

(4) *Appoint a special committee to investigate and suggest changes in insurance coverage in the state particularly in regard to Blue Shield programs.* I have appointed such a committee headed by Dr. Edward U. Austin of Charlotte, and I am confident the committee will be ready with a full report and recommendations at our next annual meeting.

We feel this will be of great service to the public as well as to the dentist. It is our hope that legislation will not be necessary, although it is a possibility. In any event, this committee will carry on this work until a satisfactory solution has been reached.

(5) *Appoint a committee to study all aspects of dental health care programs and to prepare a plan to deal adequately with labor unions in this regard, should the occasion arise.* After hearing Dr. Harry Lyon's address at Pinehurst last May, the House of Delegates requested that such a study be made, and so I appointed a North Carolina Dental Service Corporation Committee to study the problem. Dr. C. D. Eatman of Rocky Mount is chairman of this committee. I feel we should have a Dental Service Corporation and that it should be the

sole bargaining agent in any group health program.

(6) *Seek more over-all and inclusive group insurance coverage for the membership.* I have instructed the chairman of the Insurance Committee, Dr. J. R. Edwards of Fuquay Springs, to investigate this possibility. From correspondence which has gone across my desk I note that the committee is already hard at work.

To accomplish in one year the six objectives outlined above is indeed a real challenge. It will be impossible, of course, to complete them all in my administration. However, I feel that great progress will be made.

So far I have listed only those things which the House of Delegates requested of this administration and you, no doubt, have heard about them before. Here are four more things we have in mind and I submit them to you for your consideration. I hope you will feel free to discuss them with me and with the other state officers at the fall District Meetings.

(1) I feel we need to take a long-range look at dental education in this state and make adequate plans for the future. This should be viewed in the light of other branches of medical science and their plans to meet the needs of an increasing population. We should be sure that dentistry is included in any plans for expansion or development of education.

(2) We are now in a period of a fast-changing economy, and, in my opinion, we should be thinking in terms of a state-wide credit plan. Such a plan may become a neces-

(See PRESIDENT, page 8)

The President-Elect Speaks . . .

S. E. MOSER, D.D.S.
Gastonia

A Word to New Graduates

I deem it a great honor to convey greetings and best wishes to you who have recently been licensed to practice the profession of dentistry in our great State.

Were I asked to name the most important factor relative to the practice of dentistry, I would say, "The motivation for professional activity." Motivating stimulus must always be outward — never inward.

I cannot discuss here all the elements that enter into the whole of your life as it becomes integrated with the field of dentistry. Therefore, I shall confine this message to some of the motivating factors that influence a professional man — material gain, social prestige, civic position, political influence, professional pride, love for the beauty and value of good dentistry.

Certainly material security for self and family, in so far as such is possible, cannot be ignored. One whose chief motivation is material gain can find many statements to justify his position. Self preservation is the first law of nature. The Scriptures teach that a sluggard has denied the faith and is worse than an infidel. Medical science now contends that the processes of disease and aging appear to be retarded in direct ratio to one's material security. But the one whose main objective is material gain never realizes the ultimate satisfaction to be found in dentistry.

Then, we are all familiar with the



DR. MOSER

social climber. Young though you are, this phrase characterizes certain acquaintances for you. How often do we hear someone say, "Oh! He'll do it if you can make him think it will enhance his social position." And while the profession does accord a man a certain social prestige, this is far from its true purpose.

And what is true about social prestige as a stimulus for action is likewise true of civic, political, and professional ambitions as stimuli for professional endeavor. Consequently, all these, when viewed as ultimate goals, must be treated as selfish, narrow, shortsighted objectives. Now, this does not mean that I am unmindful of the value of these factors. For indeed, when properly channeled, they make for the happiness and well-being of one's life. But they must come as

by-products, not as direct objectives, of one's efforts.

These things may be compared to happiness and culture. And who does not desire happiness and culture? But these are not acquired by a direct seeking. Happiness and culture are by-products, results of a very wide, deep, high, and out-going sort of life.

Then, what is the desired motivation for professional activity? For four years you have been taught dentistry in its preventive and curative aspects. You have been taught dentistry at its beautiful best. And that is it. The beauty, the health-creating and health-sustaining aspects of superb dentistry are the things we love. Our love for beautiful dentistry, our love for the value that the finest professional service will give our fellow man should always be the motivating stimuli for professional activity.

And if this unselfish outlook becomes our professional objective, our patients will assure our material security. They will demand a certain place for us socially, civically and politically. And our job in this sense will be a philosophical one of determining the most serviceable positions we can rightly accept of the many that our patients and friends will call upon us to assume.

Congratulations and best wishes for a successful professional life.

PRESIDENT

(Continued from page 6)

sity not only for the public but also for the dentist.

(3) I think we need dental staffs in all our hospitals. When we get insurance coverage for operations performed by a dentist in a hospital this will be a necessity. The

requirements of membership on hospitals staffs permit a dentist to operate and thereby collect the fees on insurance cases. But regardless of whether or not insurance fees are involved, I think that qualified dentists should be permitted to render dental services to the public in all hospitals.

(4) My final thought, and one which I hope will evoke wide discussion, is the matter of easing the tempo of our annual meeting. I would like to suggest some possibilities in this respect:

a. Elect a speaker of the house and have the House of Delegates meet concurrently with the scientific program.

b. Meet a day earlier for our business session.

c. Eliminate one, or even two, essayists. (We now have four.)

d. Have two meetings a year, perhaps the business meeting would be held in January and the regular meeting in May. At the May meeting our social and scientific programs would be presented. I feel we should have sufficient time to study our committee reports and transact our business. I find it hard to accord the proper attention and respect to our visitors because of the full schedule under which we operate at our annual session. Your suggestions and ideas on this subject will be of great help. You may rest assured that no recommendations will be made until the officers and Executive Committee have been consulted.

It is with great pleasure that I anticipate the annual visit to each district this fall. Again, may I pledge my best efforts to organized dentistry and my service to you, the members of the North Carolina Dental Society.

From the Secretary's Desk . . .

LUTHER H. BUTLER, D.D.S.
Greensboro

May I express my appreciation for the honor of being re-elected Secretary - Treasurer of our society. The privilege of serving in this capacity has caused me to realize more fully the service organized dentistry has to offer.

June 10-12 our Executive Secretary, Mr. Andrew M. Cunningham, and I had the privilege of attending the ninth State Secretaries' Management Conference in Chicago, which was under the direction of Dr. Harold Hillenbrand, A. D. A. Secretary. By attending the conference I have a deeper insight on the activities of the various component societies. It was a privilege to share the fellowship and experiences of the representatives from the various states, and return home with renewed enthusiasm. We were well represented on the program by our Executive Secretary.

We appreciate the response to the recent state-wide dental fee survey. The results of this survey indicate a need for the revision of fees in the organizations that operate on a fixed-fee schedule, especially in the field of prosthetic dentistry and gold work. When final figures have been computed the information will be available to the membership.

The State-wide Study Club Committee has begun the formation of an active organization to help keep dentistry "up-to-date." The success of the club depends upon the co-



DR. BUTLER

operation of our members. *The primary reason for our existence is furthering our scientific knowledge, along with the strengthening of our ethical standards.* In so doing we will return to our offices a better and happier practitioner.

Through the various means of dissemination of scientific information sufficient interest can be aroused to maintain enthusiasm in any phase of dentistry through a continuous study. The plan should be so formulated as to enable each member to be an "active participant."

Dr. H. Royster Chamblee, Dr. J. B. Freedland, the other members of the Committee, and I will be delighted to assist in any way we can to promote the club.

I am looking forward to seeing you at the District Meetings.

First District Dental Society

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C. Z. Candler, Jr.....	President-Elect
H. D. Froneberger.....	Vice-President
A. L. Poovey.....	Secretary-Treasurer
M. M. Forbes.....	Editor

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First District Invites "The Whole Family"

A. P. CLINE, D.D.S.
President

Sunday and Monday, October 13 and 14, 1957, are the dates for the next annual meeting of the First District Dental Society which will be held at the Manor Hotel in Asheville. The Executive Committee and all major committee chairmen have met extensively from February through June in planning and preparing for this all-important meeting.

This year we want everyone to "Bring the Whole Family." Cottages and ample hotel rooms have been arranged through the management of the hotel. Just write The Manor Hotel, Asheville, N. C., for the type of reservation you desire. However, if you have any difficulty in securing reservations, write Dr. M. W. Carpenter, Flatiron Building, Asheville, N. C., Chairman of the Local Arrangements Committee.

The Golden Prize Golf Tournament will be held at 11 a.m. on Sunday morning at the beautiful Asheville Country Club Golf Course.

The Executive Committee will meet at 2 p.m. to pass on new members, and complete the final details and arrangements for a good meeting. A social hour has been arranged preceding the buffet dinner for enjoyment of all persons present. And, by the way, the Manor Hotel has a heated swimming pool, so don't forget to bring



DR. CLINE

your bathing suit. You'll enjoy a swim in the pool.

We want all members of the First District and their families to be present and we extend a most cordial invitation to all dentist members of the North Carolina Dental Society and their families to have fellowship with us and enjoy our meeting.

Dr. O. B. Coomer, of Louisville, Kentucky, is our essayist and clinician. He will discuss "Practice Management and Dental Economics" Monday morning, and "Practical Everyday Dentistry" that afternoon. Also, a large number of table clinics are on the program Monday.

Your officers and committee members, the ladies in the Auxiliary—all of us in the First District Dental Society will be looking for you on October 13 and 14 at the Manor Hotel for another fine meeting. Come early, stay late and enjoy the wonderful scenery in this section of your state at this season of the year. Won't you?

Program

First District Dental Society

THE MANOR HOTEL

ASHEVILLE, NORTH CAROLINA OCTOBER 13-14, 1957

SUNDAY, OCTOBER 13, 1957

11:00 A.M.	Golf Tournament.....Asheville Country Club
2:00-6:30 P.M.	Registration.....Lobby, The Manor
5:30-6:00 P.M.	Social Hour.....Gold Room (All dentists, their wives and honor guests cordially invited to attend.)
6:30 P.M.	Smorgasbord.....Colonial Room (No charge for members of First District, their ladies and honorary guests.)
8:00 P.M.	General Session.....Auditorium
	Call to Order—President, Dr. A. P. Cline, Sr.
	Invocation—Dr. W. D. Yelton
	Necrology Report—Dr. S. E. Moser
	Address of Welcome—Mr. Charles Newcomb, Manager, Asheville Convention Bureau
	Introduction of Visitors—Dr. M. W. Carpenter, Chairman, Local Arrangements Committee
	Recognition of North Carolina Dental Society Officers—Dr. A. P. Cline, Sr.
	Report from Executive Secretary—Mr. A. M. Cunningham
	Minutes of Last Meeting—Dr. A. L. Poovey
	Treasurer's Report—Dr. A. L. Poovey
	Old Business—New Business
	Receiving of Membership Applications
	Committee Reports: Audit Committee, Special Committees
	Election of Officers
	President's Address
	Adjournment

MONDAY, OCTOBER 14, 1957

8:30 A.M.	Registration.....Lobby, The Manor
9:00 A.M.	General Session
	Presentation of New Members—Dr. H. D. Froneberger
	Charge to New Members—Dr. W. J. Turbyfill
9:30 A.M.	"Dental Economics"—Dr. O. B. Coomer, Louisville, Kentucky
11:00 A.M.	Table Clinics
1:00 P.M.	Luncheon
	Recognition of Visitors
2:00 P.M.	"Amalgam Restorations"—Dr. O. B. Coomer, Louisville, Kentucky
3:30 P.M.	Final Business Session
	Golf Awards and Door Prizes—Dr. R. R. Hoffman
	Installation of Officers
	Adjournment

ORVILLE B. COOMER, D.D.S.

F.A.C.D.—F.I.C.D.

Dr. Coomer is a graduate of the University of Louisville School of Dentistry and is a special lecturer in his alma mater. A faculty member of the University of Michigan Workshop on Dental Economics, he is a past president of Louisville District Dental Society, the American Academy of Restorative Dentistry, the Kentucky State Board of Dental Examiners and the Kentucky State Dental Association, and was elected to membership in Omicron Kappa Upsilon and Federation Dentaire International.

He has written several articles and given numerous lectures and



DR. COOMER

clinics in the United States and Canada on various phases of restorative dentistry and dental economics.

TABLE CLINICS—FIRST DISTRICT

"PATIENT EDUCATION AND PROFESSIONAL SALESMANSHIP"—Dr. Warren Kitts, Hazelwood.

"AN EFFECTIVE OFFICE TREATMENT FOR VINCENT'S DISEASE"—Dr. A. P. Cline, Jr., Asheville.

"OSTEOPLASTY OF THE MANDIBLE FOR CORRECTION OF PROGNATHESISM"—Dr. A. C. Riddle, Asheville.

"REINFORCED STATIONARY BRIDGE ABUTMENT TEETH"—Dr. Kenneth Ray, Asheville.

"RADICAL ENDODONTIA"—Dr. Don Gerdes, Asheville.

"X-RAY AND STUDY MODELS"—Dr. D. G. Frye, Hickory.

Dr. Joseph Moses of Belmont and Dr. Walter Lucas of Mount Holly will also present table clinics on subjects to be announced later.

Second District Dental Society

OFFICERS

Riley E. Spoon.....	President
Robert A. George.....	Vice-President
Thomas G. Nisbet.....	President-Elect
John P. Reece.....	Secretary-Treasurer
Clarence F. Biddix.....	Editor

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Projected Clinics Featured by Second District

RILEY E. SPOON, D.D.S.
President

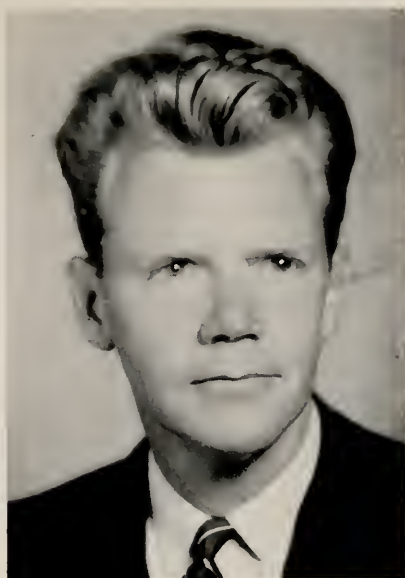
The Second District Dental Society will hold its thirty-seventh annual meeting at the Hotel Robert E. Lee, Winston-Salem, North Carolina, September 29-30, 1957.

The Executive Committee has approved the changes suggested by the officers and the committee chairmen. These changes make it possible to utilize the time to the fullest and to separate social functions from the scientific sessions.

Arrangements have been made for a golf tournament and visits to the new Wake Forest College Campus and Old Salem Restorations on Sunday afternoon. Sunday evening the annual banquet will be held honoring the new members, the clinicians and society guests. Monday will be set aside for the scientific sessions. The program chairman and his committee have obtained two well-known clinicians. Their chosen subjects are timely and of particular interest to the general practitioners.

Table clinics this year will be replaced by projected clinics under the direction of the Clinic Committee. This should prove more excellent in that everyone will be able to see and hear all the clinics.

Immediately following the clinics, while the Auxiliary has its luncheon, a stag luncheon for the society members will be served in the



DR. SPOON

Hotel Robert E. Lee Roof Garden. At this time we will have the President's Address, the election of officers, and entertainment.

After a short recess, the afternoon scientific session will get under way. Adjournment will be at 4:30 p.m., enabling members to return home before late evening.

The Second District extends a cordial welcome to members of the other districts to join us at the Hotel Robert E. Lee.

The officers and committee members are enthusiastic about the reorganization of the meeting and feel it will offer a more enjoyable and informative meeting for the members.

I would like to express my gratitude and appreciation to the officers, committee chairmen, the committee members and the Auxiliary for their efforts to make this thirty-seventh annual meeting most enjoyable.

Program

Second District Dental Society

**HOTEL ROBERT E. LEE
WINSTON-SALEM, NORTH CAROLINA
SEPTEMBER 29-30, 1957**

SUNDAY, SEPTEMBER 29, 1957

11:00 A.M.	Registration	Mezzanine
12:15 P.M.	President's Luncheon.....	Salem Room
1:30-6:00 P.M.	Golf Tournament.....	Forsyth Country Club
2:00 P.M.	Guided tour of the new Wake Forest College Campus and Old Salem Restorations	
6:30-7:00 P.M.	Social.....	Salem Room
7:15 P.M.	Buffet Dinner.....	Main Ballroom
	Induction of New Members	
	Tournament Prizes	
	Entertainment	

MONDAY, SEPTEMBER 30, 1957

9:00 A.M.	Opening Session.....	Main Ballroom
	Call to Order—President Riley E. Spoon	
	Invocation—Dr. Glen Blackburn, Pastor, Wake Forest College Baptist Church	
	Address of Welcome—Mr. Tully D. Blair, President, Winston-Salem Chamber of Commerce	
	Response to Address of Welcome—Dr. Edward U. Austin, President, Charlotte Dental Society	
	Recognition of Visitors and Guests	
	Committee Reports	
9:30-11:00 A.M.	"The Diagnosis, Therapy and Prognosis of Periapical Regions of Ravefaction."—Dr. Samuel Seltzer	Main Ballroom
11:00 A.M.-12:15	Projected Clinics.....	Main Ballroom
12:30-2:00 P.M.	Luncheon.....	Roof Garden
	Election of Officers	
	President's Address	
2:15-4:00 P.M.	"Immediate Denture Service"—Lt. Col. Edwin H. Smith, Jr. (D.C.) U.S.A	Main Ballroom
4:00 P.M.	Business Session.....	Main Ballroom
	Installation of Officers	
	Adjournment	



SAMUEL SELTZER, D.D.S.

Dr. Seltzer is from Philadelphia where he limits his practice to Endodontics. He is a graduate of the University of Pennsylvania School of Dentistry where he is currently Assistant Professor of Oral Pathology and Oral Histology. The author of numerous articles on dentin, medications, antibiotics, and endodontics, he is a member of the American Association of Endodontists and a Diplomate of the American Board of Endodontists.

His presentation with slide illustrations will cover the pitfalls in root canal therapy and methods of avoiding failures. The indications and contra-indications will be outlined.



EDWIN H. SMITH, JR.

Lieutenant Colonel, D.C., U.S.A.

Col. Smith is in the Dental Division of the Office of the Surgeon General. He is a graduate of the University of Pennsylvania and received his Master of Science degree in Dentistry (Prosthodontics) from Northwestern University.

He is a Fellow of the American College of Dentistry and a Diplomate of the American Board of Prosthodontics.

In his lecture, Col. Smith will present a technique for immediate denture construction and will cover in detail the concepts and fundamental principles of each procedure. He will illustrate his essay with slides.

PROJECTED CLINICS—SECOND DISTRICT

"DENTAL EXAMINATIONS AND TREATMENT PLANNING"—

Dr. William E. Crow, Winston-Salem.

"THE VALUE OF ALL INCLUSIVE X-RAYS"—Dr. Edward U.

Austin, Charlotte.

"FLUORIDATION"—Dr. James L. Turner, Kernersville.

"DENTAL INJURIES"—Dr. Freeman Slaughter, Kannapolis.

"HERPETIC STOMATITIS"—Dr. L. F. Bumgardner, Charlotte.

Third District Dental Society

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S. P. Gay.....	President-Elect
W. P. Hinson.....	Vice-President
W. K. Griffin.....	Secretary-Treasurer
C. B. Wolfe.....	Editor

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Third District Features Two Clinicians

HARRY KARESH, D.D.S.
President



DR. KARESH

The Third District most cordially invites you to Mid Pines.

We are sparing no effort to give our members and visiting colleagues the opportunity to hear two outstanding clinicians. Also, we are slightly changing our program to make it more interesting.

A cordial invitation is extended to all members of The North Carolina Dental Society to be with us for the scientific sessions and social affairs.

We are certain the weather will be just right for golf, and remember, the Auxiliary officers are expecting all the ladies to be there for a full-scale meeting.

TABLE CLINICS—THIRD DISTRICT

“THERAPEUTIC CONTROL OF INFLAMMATORY ORAL LESIONS”—Dr. J. W. Gallagher, U.N.C. School of Dentistry, Chapel Hill.

“IMPRESSIONS AND TRANSFER MODELS FOR CROWNS AND BRIDGES”—Dr. A. Dwight Price, Chapel Hill.

“SOMETHING PERTAINING TO ROENTGENOLOGY”—Dr. C. E. Crandell, U.N.C. School of Dentistry, Chapel Hill.

“MISCELLANEOUS”—Dr. L. G. Page, Yanceyville, N. C.

“PRACTICAL ENDODONTIA”—Dr. R. E. Sturdevant, U.N.C. School of Dentistry, Chapel Hill.

“A METHOD OF IMPRESSION TAKING AND TRANSFER MODEL FOR PORCELAIN JACKET CROWNS USING SILVER PLATED DIE”—Dr. Murry W. Holland, U.N.C. School of Dentistry, Chapel Hill.

Program
Third District Dental Society

MID PINES CLUB
SOUTHERN PINES, NORTH CAROLINA
OCTOBER 20-21, 1957

SUNDAY, OCTOBER 20, 1957

- | | |
|----------------|--|
| 11:00 A.M. | Golf Tournament |
| 2:00 P.M. | Registration |
| 5:30-6:30 P.M. | Social Hour |
| 7:00 P.M. | Banquet—Favors—Entertainment |
| 8:30 P.M. | Opening Session (Business Meeting) |
| | Meeting called to order by President Harry Karesh,
Greensboro |
| | Invocation |
| | Address of Welcome |
| | President's Address |
| | Report of Secretary-Treasurer |
| | Recognition of State Dental Society Officers |
| | Introduction of Visitors |
| | Presentation of New Members |
| | Election of Officers |
| | Announcements |
| | Adjournment |

MONDAY, OCTOBER 21, 1957

- | | |
|------------------|---|
| 8:00 A.M. | Breakfast |
| 8:00-9:00 A.M. | Registration |
| 9:00-10:45 A.M. | "Better Amalgam Restorations"
Captain George W. Ferguson, D.C., U.S.N. |
| 11:00 A.M.-12:45 | "Surgical Preparation of the Mouth for Prosthetic Re-
placements"
Colonel Robert B. Shira, D.C., U.S.A. |
| 12:45-2:00 P.M. | Luncheon and Golf Luncheon |
| 2:00-3:45 P.M. | Table Clinics |
| 4:00 P.M. | Final Business Session |
| | Committee Reports |
| | Report on President's Address |
| | Old-New Business |
| | Selection of Next Place of Meeting |
| | Installation of Officers |
| | Adjournment |

GEORGE W. FERGUSON
Captain, D.C., U.S.N.

At the present time Captain Ferguson is on the staff of the Naval Dental School. He received his D.D.S. degree from the University of Nebraska and a Master of Science degree from Georgetown University. From 1934 to 1942 he was engaged in private practice in Lincoln, Nebraska, before entering the Navy.

His lecture on "Better Amalgam Restorations" should be of interest to every general practitioner and will be illustrated with slides.



ROBERT B. SHIRA
Colonel, D.C., U.S.A.

Colonel Shira is Chief of Oral Surgery at the Walter Reed Army Hospital. He is an internationally known lecturer and is a member of the American Society of Oral Surgeons, the Northern California Society of Oral Surgeons, and the American Academy of Oral Pathology, and an honorary member of the Southeastern Society of Oral Surgeons. He was elected a Fellow in The American College of Dentists and is a Diplomat of the American Board of Oral Surgery.

His essay on "Surgical Preparation of the Mouth for Prosthetic Replacements" will be accompanied with slides.



Fourth District Dental Society

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Marvin T. Jones, Jr.....	President-Elect
W. J. Massey, Jr.....	Vice-President
E. A. Pearson, Jr.....	Secretary-Treasurer
J. R. Edwards, Jr.....	Editor

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J. R. Edwards	Howard Branch
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R. M. Olive, Sr.	

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Fourth District Meets In Capital City

J. M. PRINGLE, D.D.S.
President



DR. PRINGLE

The 37th annual meeting of the Fourth District Dental Society will be held in Raleigh at the Hotel Sir Walter on the dates of October 7 and 8. May I urge that every member attend the meeting and banquet on Monday evening with his wife or if not married, bring your girl.

We hope to have another banquet with no charge to the men but there will be a charge for the ladies so let's make plans now to attend Monday evening and Tuesday. May I also extend an invitation to the members of the other district societies to come to Raleigh and meet with us at this time.

To the ladies of the Fourth Dis-

trict I ask that you be sure to attend the meeting of your Auxiliary. Be in Raleigh with your husband and share the fun.

The Program and Entertainment committees have worked hard again this year and I can assure you a very interesting meeting.

TABLE CLINICS—FOURTH DISTRICT

"AESTHETIC TEMPORARY CROWNS"—Dr. Robert R. Morrison, Jr., Raleigh.

"FULL AND IMMEDIATE DENTURE CONSTRUCTION UTILIZING STABILIZED TRAYS"—Dr. J. A. Pearce, Raleigh.

"COMPLETE EXAMINATION, DIAGNOSIS, and TREATMENT PLANNING"—Dr. C. B. Ledbetter, Raleigh.

"PATIENT EDUCATION"—Dr. Albert W. Hargrove, Raleigh.

"CLINICAL DENTAL PHOTOGRAPHY"—Dr. P. C. Purvis, Fairmont.

"USES OF RUBBER BASE IMPRESSION MATERIAL"—Dr. Lawrence A. Cameron, St. Pauls.

Program
Fourth District Dental Society

HOTEL SIR WALTER
RALEIGH, NORTH CAROLINA

OCTOBER 7-8, 1957

MONDAY, OCTOBER 7, 1957

7:00 P.M. Banquet
Entertainment

TUESDAY, OCTOBER 8, 1957

8:30 A.M. Registration

9:00 A.M. Meeting Called to Order, President J. M. Pringle,
Fayetteville
Invocation—Dr. E. D. Baker
Secretary-Treasurer's Report, Dr. E. A. Pearson, Jr.,
Raleigh
President's Address
Recognition of N. C. Dental Society Officers
Necrology Report—Dr. Colon P. Osborne, Lumberton
Introduction of Visitors, Dr. Penn Marshall, Raleigh
Report of Nominating Committee
Presentation of Candidates for Membership, Dr. New-
ton Smith, Fayetteville
Committee Reports

10:00 A.M. "Drugs in Dentistry"—Dr. E. Cheraskin, University of
Alabama Medical Center, Birmingham, Ala.

11:30 A.M. "Design and Treatment Planning for the Partial Den-
ture Patient"—Dr. David P. Dobson, University of
North Carolina

12:30 P.M. Luncheon

2:00 P.M. Table Clinics

4:00 P.M. Business Session
Charge to New Members, Dr. H. Royster Chamblee,
Raleigh
Committee Reports
Installation of Officers
Adjournment

DAVID P. DOBSON, D.D.S.



DR. DOBSON

Dr. David P. Dobson, Professor and Head of the Department of Prosthodontics at the University of North Carolina, attended the State University of Iowa College of Dentistry, where he received his D.D.S. and M.S. degrees. He served in the U. S. Naval Dental Corps from 1942-1955. The last four years of his Navy duty were spent on the staff

of the U. S. Naval Dental School. He has appeared on programs at A.D.A., Chicago Midwinter, District of Columbia Post-Graduate Clinic, Greater New York Dental Society, and various local and district dental societies. He is a member of the A.D.A., American Denture Society, and is a Diplomat of the American Board of Prosthodontics.

E. CHERASKIN
M.D., D.M.D.

Dr. Cheraskin is Chairman of the Division of Oral Surgery and Oral Medicine at the University of Alabama. He will present a lecture which will cover the various phases

of recent drug advances in dentistry. He is also to present this same program to the Fifth District Dental Society. For his picture and biographical sketch see the program of the Fifth District.

Fifth District Dental Society

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E. L. Eatman.....	President
Charles B. Johnson (New Bern).....	President-Elect
R. A. Wilkins.....	Vice-President
William H. Gray.....	Secretary-Treasurer
Charles T. Barker.....	Editor-in-Chief

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Charles T. Barker	Darden Eure

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Junius Smith	A. T. Jennette	Coyte Minges	J. M. Zealy

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Charles P. Godwin, Chairman	
A. G. Inscoc	Charles S. Cooke

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G. L. Overman	Robert Gilbert

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H. W. Gooding	F. Elmer Lansche

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A. T. Jennette, Chairman	
Z. L. Edwards, Jr.	James H. Smith

Necrology Committee

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George L. Edwards, Jr.	John H. Dowdy

Relief Committee

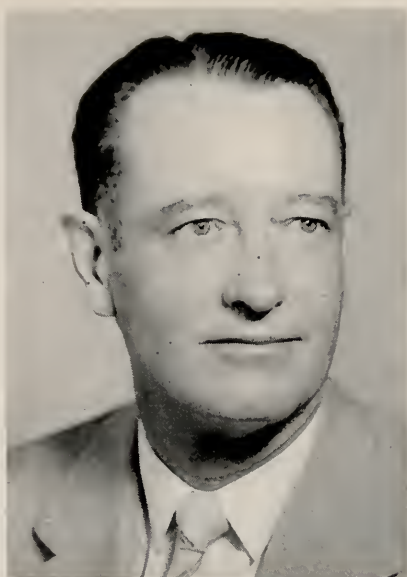
Paul Fitzgerald, Chairman	
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R. A. Daniel, Chairman	
Z. L. Edwards, Sr.	Al Ward

*Wilson Country Club
Scene of
Fifth District
Meeting*

E. L. EATMAN, D.D.S.
President



DR. EATMAN

The Fifth District Dental Society and Auxiliary will meet in Wilson at the Country Club, October 6 and 7, 1957.

Our Program and Clinic Committees have worked hard to bring us the outstanding men in our profession for our main clinic and the table clinics. I am sure that everyone will be able to take something back home.

It is with a great deal of pleasure that we extend a special invitation to our state officers, to the officers and members of other districts and out of state visitors, to our new members, and recent graduates. We

extend a hearty welcome to all of you.

I would like to thank the members of our Program, Clinic, and Entertainment committees for the wonderful job they have done. Also I would like to thank the officers, committees, and each member of our district for the support and help that you have given me during the year.

The success of our meeting depends upon each member being present; and don't forget the ladies, for our Sunday evening program would not be a success without them.

Program
Fifth District Dental Society

**WILSON COUNTRY CLUB
WILSON, NORTH CAROLINA
OCTOBER 6-7, 1957**

SUNDAY, OCTOBER 6, 1957

- 12:00 NOON Golf Tournament, Wilson Country Club (Ladies and Gentlemen)
- 5:00 P.M. Registration and Fellowship, Wilson Country Club
- 6:00 P.M. Dinner, Wilson Country Club
- Invocation—Rev. R. Murphy Williams, Pastor, First Presbyterian Church, Wilson
- Awarding of Prizes
- Address of Welcome, Hon. John T. Wilson, Mayor of Wilson
- Response to Welcome, Dr. Dan Wright
- Entertainment

MONDAY, OCTOBER 7, 1957

- 9:00 A.M. General Session
- Meeting called to order by President E. L. Eatman, Rocky Mount, N. C.
- Invocation—Rev. R. Murphy Williams, Pastor, First Presbyterian Church, Wilson
- Minutes of last meeting
- President's Address
- Report of Necrology Committee
- Presentation of Applicants for Membership
- Greetings from North Carolina Dental Society Officers
- Greetings from the U. N. C. School of Dentistry
- Introduction of Visitors
- 10:00 A.M. Subject: "Recent Drug Advances in Dentistry" — E. Cheraskin, M.D., D.M.D.
- Synopsis: A Lecture covering the various phases of recent drug advances in dentistry.
- 11:00 A.M. Questions and Answers
- 11:45 A.M. Table Clinics
- 1:00 P.M. Luncheon, Wilson Country Club
- 2:15 P.M. Business Session:
- Treasurer's Report
- Report on President's Address
- Report of Committees
- New Business
- Election of Officers
- Place of Next Meetings
- Installation of Officers
- Adjournment

E. CHERASKIN
M.D., D.M.D.



DR. CHERASKIN

Dr. Cheraskin is a graduate of the University of Cincinnati College of Medicine with a M.D. degree and he has also received a D.M.D. degree from the University of Alabama School of Dentistry.

At the present time Dr. Cheraskin is Chairman of the Division of Oral Surgery and Oral Medicine at the University of Alabama Medical Center where he also serves as Chairman of the Department of Oral Medicine. He is a consultant in Oral Medicine to the Veterans Administration Hospitals in Birmingham and Tuskegee and he is southeastern consultant in Dentistry to the Veterans Administration.

Dr. Cheraskin is a member of local, state and national medical and dental associations, a Diplomate of the American Board of Oral Medicine and an honorary member of the Circulo de Adontologos del Paraguay.

He has appeared as clinician and lecturer on programs of many local, state and national dental societies. In his writings he has co-authored three textbooks, with Dr. L. L. Langley, *The Physiological Foundation of Dental Practice*, *The Physiology of Man and Dynamics of Oral Diagnosis*.

Dr. Cheraskin will also appear on the program of the Fourth District Dental Society this year.

TABLE CLINICS—FIFTH DISTRICT

"HIGH SPEED HANDPIECES"—Dr. Clarence L. Sockwell, U.N.C. School of Dentistry.

"RUBBER IMPRESSION MATERIAL"—Dr. William Douglas Strickland, U.N.C. School of Dentistry.

"AIDS TO PERIODONTAL TREATMENT"—Dr. Zeno Edwards, Jr., Washington.

"DRUGS USED IN ORAL SURGERY"—Dr. Durant Bell, Raleigh.

"FRACTURED PERMANENT TEETH IN CHILDREN"—Dr. Lewis Lee, Wilson.

Interim Report on Medicare

The House of Delegates in May 1957 directed the President to appoint a committee "to confer with the Commanding General, U. S. Marine Corps Air Station, Cherry Point, relative to this military area being declared remote, and to be responsible for handling any similar situations that may arise in the future relative to Public Law 569."

Here is a report rendered by the committee appointed by President Coffey on their activities up to the present time.

COMMITTEE ON MEDICARE NORTH CAROLINA DENTAL SOCIETY

July 29, 1957

Report on Medicare Act, Title I

After having met with chiefs of dental service at Cherry Point, Fort Bragg, and Seymour Johnson AFB the following observations have been made.

Under Title I Authorized Care

A. Within the continental limits of the United States (except as provided in B below):

1. Dependents of members of uniformed services are entitled to emergency dental care to relieve pain or suffering. This does not include orthodontic or prosthodontic treatment or permanent restorative work.

To this we all agree.

2. Dependents are entitled to dental care deemed necessary by the cognizant dentist and physician as an adjunct to medical or surgical treatment, e.g., treatment of fractures of the jaw and treatment of infections of dental origin. The only

dental appliances which may be furnished herein are those which are necessary to reduce and immobilize fractures of the jaw.

To this we all agree.

B. Outside the continental limits of the United States and at designated "remote" areas within the continental United States where adequate civilian dental facilities are not available, routine dental care is authorized. Routine dental care includes general, operative, surgical, and prosthodontic treatment which active-duty members of the uniformed services are furnished. Determinations made by the senior dental officer of the uniformed service dental facility or his designee as to the professional aspects of providing necessary dental care within the availability and capability of the dental staff will be conclusive. Determinations as to the availability of space and facilities, or lack of them, for dependent dental care, will be made by the senior dental officer of the dental facility, with the approval of the installation commander whose personnel are served by the dental facility concerned.

Dental care provided to dependents in dental facilities of the uniformed services will be furnished without charge. Outside the continental United States we all agree.

It is our belief that the military and certainly the civilian dentist question the "Remote Area" phase within the continental United States.

Under Title I, Section 2

Designation of Remote Areas for Dental Care. Remote areas within

the continental United States will be as designated by a secretary of a uniformed service upon approval by the Secretary of Defense. Normally, an area will not be considered as remote unless the uniformed service activity is more than 30 miles from a community with adequate civilian dental facilities. Consideration will be given to unusual geographic and transportation factors such as toll bridges or ferries which would unreasonably increase the time and expense of travel.

A community's dental facilities ordinarily will not be considered adequate for the purpose of this regulation unless an average of one civilian dentist is in private civilian practice per 2,000 population. The above criteria will not preclude a local commander from requesting designation of an area as remote when adequately justified. All requests for designation of an area as remote shall include the following:

A. The distance of the area from a community with adequate civilian facilities (in miles and time) including unusual transportation factors which must be considered. The military installations above mentioned do not come within this category.

B. The number of civilian dentists engaged in an active private practice within 30 miles of the uniformed service dental facility.

C. The civilian population within 30 miles of the uniformed service activity.

The ratio of population per dentist is misleading but could better be considered in the light of demand for dental service. If the number of dentists in a given area are able to render dental service to

all patients within a reasonable length of time, say two weeks, and emergency treatment within the hour, then there are ample dentists in that area and the military should not then use the population ratio per dentist as a criteria to ask an area to be declared remote. The civilian dentists are now carrying their load with ample room for more.

D. The dependent population residing on or adjacent to the installation.

It is the opinion of the dentists in these areas that they can take care of the dependent load.

E. The total number of dependents who would be eligible for dental care at a uniformed service dental facility if the area were designated as remote. The dependent population has been estimated at Cherry Point to be 9,000, Fort Bragg 13,500, and Seymour Johnson at present 1,200.

The Chiefs of Dental Service say they could not "scratch" the surface.

F. The availability of specialized dental services within the civilian community.

While there may not be specialists in all of the branches of dentistry in this area, all types of dental service are rendered efficiently.

G. The capability of the uniformed services dental facility to provide dental care to dependents in the area.

All chiefs of dental service in the above military establishments say they are not now able to render all of the necessary dental service to military personnel.

H. Statement concerning exces-

sive costs of civilian dental service in the community.

The fees in the above areas are below average.

I. Examples of unusual delays in obtaining civilian dental service.

As stated above, the average waiting time for routine dental service is less than two weeks and emergencies are taken care of within the hour.

From the above answers it does not seem that these areas should be declared "remote."

Comments:

The civilian dental profession does not think the word "remote" is appropriate. We in North Carolina think our state is very much in the life of America and resent ever being considered to have a "remote" area.

In our conversations with the different dental chiefs of service, we gathered that in the past they had been rendering a minimum of service to military dependents in the form of emergency treatments and certain other services considered by them as hardship cases as a morale builder to encourage men to stay in the service or re-enlist. In this the civilian dentists wholeheartedly concur. The dental chiefs of service have had to stop all of these services, except of course the acute emergency cases when relief of pain is to be treated. They resent the fact that as the orders and the Medicare Act now stand, they are not ever permitted to render dental care to their own wives and children. This the civilian dentists do not feel is fair.

It is our opinion that most requests for areas being made remote come because the chiefs of dental service want to be able to continue

as they have in the past and that they cannot possibly render all the dental service that the "remote" order would entail. Certainly when they are not now able to render all the necessary dental service to the military personnel they will not be able to take on the dependent load unless they treble the number of dental officers on these bases. As it now stands declaring these areas remote would be only misleading to the military personnel, dependents and the public as a whole.

In conclusion, it would seem wise to discard the designation "remote" and allow the chiefs of dental service some leeway in order that they be allowed to use their discretion in providing a limited amount of emergency dental service and other services that they deemed to be particular hardship cases among the dependent military personnel. This would be a decided morale builder. Some have suggested that the limited amount of dental services to dependents be between 5 and 10 per cent of the total services rendered the military. Certainly it could not be more than that, as the military should always come first.

We believe the above summary to be fair; but leave ourselves open to suggestions as to any better or fairer solutions. We are emphatically opposed to declaring any part of North Carolina as "remote."

Dr. A. T. Jennette,
Chairman

Dr. C. C. Diercks
Co-Chairman

Dr. S. E. Moser

Dr. W. B. Sherrod

Dr. Norman Ross

Dr. C. W. Sanders

Procedures to Improve Esthetics in Restorative Dentistry

S. CHARLES BRECKER, D.D.S., F.A.C.D.
New York City

Read before the North Carolina State Dental Society, May 6, 1957
Pinehurst, N. C.

No matter how old the patient or what sex, the demand for esthetic improvement in restorative dentistry is great. Abnormalities in anterior tooth forms, metal and discolored restorations, objectionable spaces, protrusions etc. are some of the manifestations the practitioner is confronted with. Unsightly teeth undermine poise and self-confidence in some patients and can cause irreparable damage to one's personality. To the patient, the esthetic factor is the most important phase of dental treatment. If it is within our means to improve upon the appearance of the teeth we should not hesitate to use every vehicle at our command. Nevertheless, the patient should be given to understand that we cannot produce a result in our restorations beyond the limits of the materials we use and the conditions in and around the mouth.

The aging process of middle age individuals is accepted with reluctance. There are times when the patient, aware of the so-called dental disfigurement, develops certain psychological inhibitions which influences his or her behavior. Avoid treating the patient who is under the impression that restorative dentistry removes facial folds and wrinkles; that the dentist can reshape and even grow a chin by covering the anterior teeth with porcelain jacket crowns. Esthetics are important . . . but the operator should firmly fix in his mind just what he can accomplish along the lines of beauty and not extend himself to attempting the impossible. Do not make rash promises regarding esthetics. The restorations commonly used in correcting or improving objectionable anomalies are primarily the porcelain and plastic crowns, the veneer crowns and porcelain fused to metal restorations. We must be cognizant of the fact that the weakness of porcelain is its fragility but its color and form are constant. The weakness of plastic is its color and form but its resistance to fracture makes it an acceptable medium to use in many instances. No matter what type of restoration is constructed, the patient should be advised that nothing of a material nature lasts indefinitely.

The most important principle in the construction of a porcelain jacket crown is that it be baked to near equal thickness and that it have sufficient tooth structure to be supported. Equal thickness of porcelain minimizes fracture and contributes to uniformity of color. To produce such a jacket it is necessary sometimes to prepare teeth away from the conventional form so often recommended and the picture book type frequently illustrated. I favor making a shoulder whenever indicated because a shoulder affords us a finishing line at which to terminate the porcelain. The shoulder, however, has nothing to do with the strength of the jacket. In fact, uniform and complete shoulders on some teeth will not produce satisfactory restorations. Fracture may occur due to the inability to bake a porcelain jacket crown of near equal thickness. Porcelain jacket crown preparations are influenced by the anatomy, the condition and the position of the teeth. As a result, some prepared teeth will have full shoulders, some partial shoulders and others will be shoulderless.

Thin Delicate Tooth

A thin tooth is a difficult one to prepare for a porcelain jacket crown. Do not reduce the incisal edge at all, that is, until the preparation is practically complete. The thinness of the tooth makes incisal reduction a dangerous procedure. By the time the labial and lingual

surfaces are reduced the operator may be left with a short preparation. Advise the patient that the finished porcelain crown will be slightly thicker and that it may be necessary to reduce the incisal surfaces of the opposing teeth.

The Short Tooth

Although natural appearing teeth with beauty and color are desirable, such teeth must never receive preference over the correct occlusal vertical dimension. Short teeth should not be lengthened with crowns achieved by raising the bite beyond the limits of the free-way space.

Spaced Teeth

There are times when we are called upon to correct objectionable spaces in adults by prosthodontic means. Many people possessing spaced teeth seldom smile without first arranging their lips so that the spacing would not be obvious. Sometimes a voluntary immobility of the upper lip may result. This stiff lip may hinder the esthetic result. When we are confronted with a space partially closed, the ideal manner of correction would be to widen the two central incisors with porcelain jacket crowns. Add white wax to the centrals to show the patient how wide the two teeth will look. Sometimes it is necessary to prepare four teeth and construct four jacket crowns to obtain an esthetic result. The mesial surfaces of the central incisors are prepared shoulderless and the remaining areas receive shoulders producing a three-quarter shoulder effect. But the completed jacket crowns will be baked to near equal thickness.

Some spaces are the result of congenitally missing lateral incisors. The diagnosis and treatment plan regarding abutment retainers for the replacement of such teeth in teen-age and young adult patients has always been a puzzling factor. We are frequently advised to move the canines orthodontically to approximate the central incisors and then reshape these bulky canines to look like delicate lateral incisors. This procedure seldom proves satisfactory from an esthetic point of view. When the doctor undertakes the replacement of congenitally missing teeth he should not make any promises that the completed result will be perfect in all respects. Quite often, the patient or the patient's mother, sets up in her mind, the ideal perfect teeth she would like her daughter to have, regardless of the shortcomings attributed to porcelain . . . to plastic or to the conditions in the mouth.

The recommended restorations are acrylic resin cured to fused porcelain copings. These cantilever bridges keep their color longer and fragility is rare. Porcelain is baked over swaged matrices of platinum foil after a piece of 17 gauge iridoplatinum wire is soldered to the matrix to support the cantilever. White wax is melted and shaped like teeth over these porcelain copings and tried in the mouth for fit and alignment as well as occlusion. Then acrylic is cured to the copings.

The Veneer Crowns

In the preparation for the veneer crowns, porcelain or plastic, an attempt should be made to create a shoulder all around. The removal of sufficient tooth structure interproximally enables the operator to place gold loops in these areas if the crown is to hold a plastic facing. These loops will hold the plastic and makes it possible to have bulk plastic in an area where thickness of this material is conducive to good color. Retention knobs or mesh creations on the labial surface of the casting do not make for good plastic restorations. It has been my experience that casting a veneer crown to a burnished matrix of gold facilitates an accurate fitting casting. Adapt .001 thickness of gold leaf over the die, fold in a tinner's joint the same way as you would for a platinum matrix used in the construction for the porcelain jacket crown. Burnish the matrix well over the die and wax up the crown over this matrix. Cut out the window, add retention loops, invest, and cast.

If the preparation is for a porcelain veneer crown, we can readily understand the importance of cutting a shoulder in the proximal

regions of the tooth so that the platinum pins can be accommodated. An impression is taken of the gold casting with the platinum pins in place and an amalgam die is packed as a permanent record upon which to bake a replacement should the porcelain facing fracture.

Relation of the Crowns to the Gingivae

Two of the primary causes for gingival irritation around a full coverage restoration are over-extension and over-contour. Over-extension of any restoration into the gingival crevice more often irritates the gum tissue, severs the attachment, accelerates recession and contributes to a periodontal condition. The operator should exercise care in the preparation so as not to damage the gum tissue. Such a preparation can be accomplished without laceration of the gingivae and with practically no bleeding. The mere fact that the gum has such wonderful recuperative powers is no reason why we should cut it or strip the attachment. Where should we terminate the preparation for a crown? *I believe, that no matter how deep the gingival crevice is, the preparation should extend slightly, very slightly, into that crevice.*

Another factor responsible for an inflamed condition around a veneer crown is the recommended shoulderless or chamfer type preparation on the labial or buccal surface. A boxing has to be cut in the gold casting to receive sufficient bulk of plastic or porcelain for color. In a shoulderless preparation the completed crown will be bulky and will distend the tissue. As a result of the crown not being within the confines of the original contour of the tooth food material will pack around the exaggerated contour and an inflammation is set up. A shoulder on the labial and interproximal areas will make it possible to construct a crown close to the original shape.

Today, there is keen interest in what is commonly called oral rehabilitation. More often, the patient agrees to this phase of dentistry because of the desire for esthetic improvement. The individual is usually of middle age and although both sexes seek oral rehabilitation, the women are predominant in their requests for pleasing and youthful teeth. There are individuals who present themselves with oral conditions or physical abnormalities where the esthetic improvement can be only partially successful. Sometimes the improvement does not live up to the expectations of the patient. A satisfactory result is not always contingent upon the ability of the operator or his technicians. Certain clinical factors beyond the doctor's control and some routine procedures with limiting materials at his command impede the successful completion of esthetic rehabilitation. Factors that influence and control the treatment are the psychological behavior of the patient, excessive vertical overlap, prognathism, crowded and worn mandibular incisors, physical abnormalities, bruxism and the unreasonable demands for esthetics.

The approach to the individual requesting esthetic improvement and possessing any one or more of these factors should be a conservative one. The operator must be aware of the fact that these conditions are the patient's problems. An explanation of these abnormal conditions and the limitations in the treatment is the most important phase in restorative dentistry. When the dentist is confronted with a complicated task of improving the esthetics of the anterior teeth, the personality of the difficult patient is sometimes injected and may become a stumbling block in the ultimate success of the esthetics. An emotional and erratic patient can upset the routine of the doctor's office, effect his disposition and even aggravate his emotional set-up. Women in menopause are trying patients. Frustrated and self-centered bachelors and spinsters demand so much attention as to become unreasonable. Such people require medical care and psychologic guidance. In many instances, it is advisable to leave the teeth of such disturbing people alone.

Color

It is impossible to construct porcelain jacket crowns to match every type of tooth without having some difficulty in obtaining color and shade. Porcelain does possess the same absorbing and reflecting

qualities that the natural tooth has. Viewed in subdued lights or in rooms where dark walls reflect upon the restoration, the porcelain jacket crown takes on a lifeless hue. This phenomenon is pronounced if the tooth is pulpless or if it receives a gold core or gold coping. The patient should be forewarned regarding such a condition before the tooth is prepared in order to avoid misunderstandings regarding color.

A Pronounced Alveolus

A pronounced alveolus interferes with the esthetic result of any restoration. An individual who shows a lot of gum tissue does not possess a pleasing smile even when he or she has a full complement of teeth. Any anterior restoration such as a crown or bridge is more pronounced and noticeable. If anterior teeth are missing, the necks of a partial denture will be noticeable. Point out the pronounced alveolus and gum tissue to the patient requiring an anterior restoration at the time of case presentation. Unless the individual understands the limitations with such a condition and is willing to accept the best that can be done, the dentist is advised not to treat the patient.

Striated Teeth

Another phenomenon that causes the operator untold aggravation is the porcelain jacket crown on a tooth approximating teeth with characteristic striations. These striations are deeply imbedded and obtaining harmony of color in a restoration is impossible. Ceramists can not duplicate such lines that nature created. The dentist can only improve upon objectionable and difficult manifestations and he should not commit himself regarding such teeth.

Previously Filled Teeth

Previously filled anterior teeth present quite a problem in young adults. The restorations, usually old silicate cement or discolored acrylic fillings, are often large and in close proximity to the pulps. The patient should be advised that the life of such a tooth is in jeopardy when it is prepared to receive a porcelain or veneer crown. Sometimes these pulps die within a short period of time and unpleasanties arise in the patient doctor relationship. Understanding and co-operation are of paramount importance and the use of a good pulp tester will aid in the prognosis of such deeply filled teeth.

Excessive Vertical Overlap

The excessive vertical overlap or overbite cannot be corrected from an esthetic point of view. If the marked overlap is brought about because of missing teeth, that is another question and occlusion rehabilitation can correct the overlap to some extent. But when such a pronounced overlap is aggravated by abnormal swallowing and tongue habits in a patient of middle age, any attempt to rehabilitate the mouth to obtain esthetic improvement more often leads to failure. I doubt whether anything in the nature of complete rehabilitation could be done for such a patient. At the time when she seeks help, teeth are missing and those remaining are periodontally involved. She fears the onrush of old age. What such an individual wants is a new face . . . something beyond our capabilities. We must not permit our eagerness to do something for an impossible situation overrule sound judgement.

An apparent correction of an excessive overlap by the bite plane is the usual procedure recommended. Invariably, such a method is another form of bite raising and the completed result encroaches upon the free-way space. The bite plane scientifically used by orthodontists in straightening of teeth of children is an accepted useful procedure. Its value, however, in the treatment of middle age patients with collapsed and mutilated dentitions is questionable. The bite plane is so constructed that it creates an opening in the region of the posterior teeth. These teeth which now do not make occlusal contact, are supposed to move . . . of their own volition . . . without guidance . . . towards each other until they do touch. When these opposing teeth move, it is hoped that the resulting space around the roots of the molars and

bicuspid will fill in with solid bone. This hoped for result is more often a biologic impossibility in our older patients. Once these teeth have extruded to touch each other, another appliance is advocated to be used as a retainer to hold these elongated teeth in place. The retainer is worn at night only. During the day, the elongated teeth are pressed back by the repeated acts of chewing and swallowing. Pressure contact of the teeth by deglutition takes place about 1,500 times a day. This counteracting, depressing and extruding of teeth is not conducive to successful rehabilitation. Splinting the posterior teeth and establishing a new increased vertical dimension will fail. Temporary measures of replacement at not too heavy a financial burden should be the procedure recommended.

Crowded and Worn Teeth

Small mandibular incisors are sometimes overlapped, malturned, in lingual or in labial positions. I am of the opinion that such crowded teeth be left alone, if the bone and gingivae are in a healthy state. Such teeth prevent a so-called successful esthetic result. The patient must be given to understand that the life of these small teeth are apt to be jeopardized if the crowded teeth are straightened by crowns for a patient in middle age. Human hands cannot always reproduce small delicate mandibular incisors accurately, by full coverage restorations and give satisfactory esthetic results with healthy pulps. Attempting to cover crowded mandibular incisors makes the procedure doubly hazardous. To recommend grinding the proximal surfaces on small crowded teeth in a patient of middle age to make room so that they can be brought into alignment by ligatures or orthodontic measures is theoretically good but practically unsound.

With regards to esthetics, the dentist should never permit himself to be placed in the position that the restorations he constructs must first be approved as acceptable by the patient.

It's Philadelphia in '61

The A.D.A. Board of Trustees at their meeting in Chicago March 29 selected Philadelphia as the site of the annual meeting of the association in 1961. Other cities considered by the Board were Atlantic City and Washington, D. C.

Correct Your Directory of Members

In the August 1957 (Vol. 40, No. 4) issue of the JOURNAL, the name of Dr. Albert V. Coble (3), P.O. Box 1583, Burlington, was inadvertently omitted from the *Roster of Members*.

Members can correct their copies by adding Dr. Coble's name on page 90, right after Cline, Albert P., Jr.

The JOURNAL regrets this omis-

sion and apologizes for its occurrence.

Please check the roster carefully. If your name has been omitted, or if there is an error in the information given, please notify the central office.

Obituaries

Dr. Joseph S. Betts, Greensboro, June 10, 1957.

Dr. A. C. Chamberlain, North Wilkesboro, May 8, 1957.

Dr. Paul Fitzgerald, Sr., Greenville, June 21, 1957.

Dr. Walter R. Hinton, Jr., May 28, 1957.

Dr. E. G. Lee, March 22, 1957. Clinton.

Dr. Samuel R. Watson, August 17, 1957, Henderson.

General News

Central Office Has Nocturnal Visitor

Someone broke into the Central Office on W. Peace Street in Raleigh during the early morning hours of July 15 but investigation revealed that nothing was stolen. The unknown visitor (he forgot to sign the guest book) gained entrance by forcing open the rear door. The break-in was discovered by local police about 5:30 in the morning when a patrol car noticed the rear door to the office standing wide open.

Dr. Conrad to Practice In Gibsonville

Dr. C. Richard Conrad has opened an office in Gibsonville for the practice of dentistry after completing two years of service in the Air Force. A native of Greensboro, Dr. Conrad received his D.D.S. degree from the University of North Carolina in 1955 and immediately entered the service.

Golden Anniversary Relief Fund Drive Ends

North Carolina contributed \$1,900.50 to the Golden Anniversary Drive of the A.D.A. Relief Fund which ended June 30 and was one of the fifty constituent societies which exceeded its quota. The total received from all societies was \$128,362.73, the highest in history.

The amount contributed by North Carolinians represented 145.1 per cent of the quota assigned the society.

One half of the sum collected

from members of a constituent society in the annual relief fund campaign is returned to the relief fund of such constituent society. Secretary - Treasurer Luther H. Butler reports that he has received from the A.D.A. Relief Fund a check in the amount of \$950.25 made payable to the Relief Fund of the North Carolina Dental Society.

Dr. Patterson Returns To Civilian Practice

Dr. George G. Patterson has reopened his office in Burlington after serving two years in the Air Force from which he was separated as a captain. After graduating from the Dental School of the Medical College of Virginia, he practiced a year in Burlington before entering the armed forces.

Tri-County Dental Society Has Outing

Seventeen members attended the regular meeting of the Tri-County Dental Society (Columbus, Robeson and Scotland counties) at the cabin of Dr. L. J. Moore of St. Pauls. Dr. Francis Biddell of Laurinburg presided.

Dr. Moore and Dr. Raymond R. Renfrow of Fayetteville provided a full afternoon of fishing and skeet-shooting. Secretary L. A. Cameron of St. Pauls reports it is the consensus of the group that Dr. Gates Mckaughan of Lumberton "will make a fisherman yet."

At its business meeting that evening, following a real old-fashioned Eastern Carolina barbecue with all

the trimmings, the Society voted to hold its next meeting in Lumberton.

Dental Lab Challenges State Dental Laws

In an attempt to have declared unconstitutional portions of the recently amended Dental Practice Laws in North Carolina, Enrique Deliz Sanchez of High Point filed suit in Guilford Superior Court July 2 against the North Carolina State Board of Dental Examiners, Attorney General George B. Patton and Horace R. Kornegay, Guilford Superior Court Solicitor. Mr. Sanchez has owned and operated the Deliz Laboratory in High Point since 1952.

Sanchez maintained that enforcement of the amendment of the dental laws ratified by the 1957 General Assembly would result in infringement upon his constitutional right, because it empowers those named in the suit to regulate his business, deprives him of his property and denies him equal protection of the laws, does not serve as a measure to protect health, grants an exclusive franchise to a certain class and deprives him of equal rights and privileges. He asked the court to restrain the defendants from carrying out the provisions of the amendment until final determination of the case by the courts.

Judge Walter Crissman, resident-tail judge of the 18th Judicial District, signed a restraining order July 5 and ordered a hearing July 16 to give the defendants an opportunity to show cause why the order should not be continued pending trial of the suit. Judge Crissman gave as his reason for the restraining order that the defendants named in the Sanchez suit appear to be

charged with enforcement of the amendment and would do so if Sanchez continued his business without the protection of a court order.

At the subsequent hearing, attorneys for the state board of examiners sought to have the restraining order dissolved, but Judge Crissman ruled that it be modified and continued.

In modifying the order, the judge stipulated that Sanchez can repair or otherwise work on artificial teeth without an order from a dentist so long as he does not take impressions and his work is confined to mechanical processes on inert matter.

In other words, he is not allowed to have direct physical contact with a patient but may continue to work on dental plates or devices.

No date has been set for trial of the suit.

A similar case has been introduced in Idaho where certain laboratory operators there have filed suit against the State of Idaho claiming that recent amendments to Idaho's dental laws passed by the 1957 state legislature interferes with their rights.

Supreme Courts in Illinois, Tennessee and Georgia have upheld the constitutionality of provisions of dental laws in those states which are similar to the ones now being challenged in the North Carolina Courts.

New Dental Foundation Cards Now in Use

The Dental Foundation of North Carolina, Inc., has announced it now has available two new cards.

The "As a Tribute To" card replaces the "In Memory Of" card

and can be used in lieu of flowers in the event of the death of an individual or as a congratulatory message when friends or patients have been elected to office or have received social honors.

The card may be sent in lieu of flowers to a member of the family of a deceased friend, patient, or colleague. A check or money, in an amount usually spent for flowers, then is sent to the Foundation together with the name, address and some pertinent information regarding the deceased. The Secretary of the Foundation then will write an appropriate letter to the family of the deceased, indicating the receipt of the donation and explaining the purpose of the Foundation.

The "As a Tribute" card may also be sent to an individual as a congratulatory message and a check is forwarded to the Dental Foundation. The Secretary of the Foundation then will send a complimentary letter to the designated individual acknowledging receipt of the donation. A copy of this letter is also sent to the donor.

Another type card may be used to send a patient, friend, or colleague confined by illness to his home or a hospital. Upon receipt of a check the Secretary of the Foundation will write a friendly note, wishing him a speedy recovery and indicate that a contribution has been received by the Foundation in his name. A copy of this letter will be forwarded to the donor.

At its meeting June 1, 1957, the Executive Committee of the North Carolina Dental Society passed a resolution commending these cards to the members of the Society and urging that they use them as much as possible on appropriate occasions

as a means of undergirding the work of the Dental Foundation.

The primary purpose of the Dental Foundation, incorporated under the laws of North Carolina in November 1950, is to aid the educational research program of the U.N.C. School of Dentistry and thereby promote the dental and general health of the people of the state.

These cards may be secured by writing the Dental Foundation of North Carolina, Inc., Drawer 750, Chapel Hill, N. C.

Indiana to Hold Centennial Celebration in 1958

The Hoosier State will join the select ranks of centenarians in 1959. At its annual session last May the Indiana State Dental Association made special plans to observe its 100th birthday May 19-21, 1958, in Indianapolis.

North Carolina and Michigan held its centennial celebrations in 1956. The A.D.A. will hold its one-hundredth annual session in New York, September 21-24, 1959.

Dr. Olive to Head Dentists of County

Dr. Clarence S. Olive, of Fayetteville, was elected president of the Cumberland County Dental Society in June to succeed Dr. Frank Grimes.

At the meeting society members endorsed the "walking blood bank" program sponsored by the Fayetteville Jaycees.

Dr. William Schadel was elected Secretary-Treasurer of the society.



Dr. Zeno L. Edwards, Sr., of Washington was appointed by Governor Hodges as the dental member of the State Board of Health to succeed Dr. A. C. Current of Gastonia whose term had expired. The above scene took place in Raleigh on July 18, 1957, as Justice E. B. Denny (right) administered the oath of office to Dr. Edwards (left) and Dr. Charles R. Bugg of Raleigh.

New Draft Act for Dentists and Physicians

Physicians and dentists are now liable for military service on the same basis as other selective service registrants. The special liability of the professional groups, which had been in effect since 1950, ended on July 1.

Under the former "doctor draft act," dentists and physicians were liable for service at older ages than other registrants — at one time up to the age of 50. Under the new law, the upper limit of the age of

liability for dentists and physicians is 35 for those deferred on or after June 19, 1951 — the same provisions that apply to all men.

The new amendments to the basic draft act are expected to supply the military forces with their medical specialist needs. The amendments mean that no physician or dentist older than 32 at the time the amendments were adopted is liable for service under the draft law.

The changes also provide for selection of these professional men apart from other registrants, and or-

dering such specialists to active duty from the reserve. The changes prohibit the induction of physicians and dentists who apply or have applied for reserve commissions and have been rejected solely on the basis of physical disqualifications.

The new bill, as signed by President Eisenhower, included most of the provisions advocated by the A.D.A. and it became Public Law 85-67 effective July 1, 1957.

Reservists to Get Credit For Attending Miami Meeting

Dental reservists can "have their cake and eat it too," so to speak, by attending the 98th annual scientific session of the A.D.A. in Miami, November 4-7, 1957. In cooperation with the Councils on Federal Dental Service and Scientific Session and the Dental Advisory to the Department of Defense it will be possible for reservists to obtain three retirement credit points for attendance at certain approved portions of the scientific program.

The Council on Scientific Session will accept suggestions from the Armed Forces for specific topics and essayists in the scientific program, just as it considers recommendations from other outside agencies. The scientific program adopted by the Council will be sent to the Armed Forces so that they may specify which parts of the scientific session reservists will be required to attend in order to earn retirement point credit.

The military will assign men to register reservists at the individual required programs.

The plan was approved by the

Department of Defense, the Army, Navy and Air Force for a three-year trial period beginning with the Miami meeting in November.

Dr. Ditto Breaks Leg

Dr. William M. Ditto, of Greensboro, suffered a broken leg while on an outing July 29, and his father, A. Y. Ditto of Charlotte, came to visit his son following the mishap and he broke his leg while shopping.

Were either father or son superstitious they would probably tell you there is something in a name. It's not the first time similar things have happened to both of them, or as the newspaper put it, "that wasn't the first ditto in the lives of the Dittos." In World War I Bill's dad entered the Marine Corps as a buck private and was discharged a first lieutenant. Bill's service record in World War II is identical. Not only that, both of them suffered a fractured nose and ribs while in military service.

We would hazard a guess that perhaps one wishes the other would inherit a million dollars for a change.

Cubans Honor Dr. Herring

Dr. L. D. Herring of Raleigh was presented with an honorary membership in the Cuban Society of Public Health at a dinner given in his honor in Havana recently.

As president of the Southern Chapter of American Association for the Advancement of Science, Dr. Herring went to Cuba to present several awards. He was accompanied on the trip by Mrs. Herring.

UNC Sponsors Course for Dental Technicians

A course for laboratory technicians on "Laboratory Procedures for Rubber Base Impressions Relative to Fabrication of Indirect Gold Restorations" was offered by the U.N.C. School of Dentistry August 15-17. The course was designed to teach technicians the newest method for making indirect gold castings and the silver plating of the rubber impression. Instructors for the three-day period of instruction included Drs. C. M. Sturdevant, C. L. Sockwell, and W. D. Strickland, all of the school of dentistry faculty.

Enrolled for the course were: George Holder and Robert Henry Swanzey, Charlotte Dental Laboratory; F. Tryon Horton, Carolina Dental Laboratory (Raleigh); R. Fred Noble, Noble Dental Laboratory (Raleigh); Floyd Corn and Lee McDonald, School of Dentistry, U.N.C.; Steven Speciale, Rothstein Dental Laboratory (Washington, D. C.); Mrs. Jerry Holt, Greensboro; and O. E. Heath, Greenwood, S. C.

Expanded Dental Program Recommended in the South

An expanded dental education program is needed in the South to avoid a dentist shortage in the future, the Southern Regional Education Board told representatives of dental societies from 16 southern states at a meeting in Atlanta August 13-14.

The commission on dental education appointed by the Board to study dental education needs in the South, reporting on a year-long survey,

said the South needs 36,000 dentists by 1975 to attain even the present national ratio of one dentist for each 2,200 population. The region now has 14,000 practicing private dentists — or one for each 3,600 persons — according to the findings of the commission.

The commission, headed by Dr. Russell Poor, Provost of the University of Florida Health Center in Gainesville, recommended that the South "set a goal of dental care for its citizens which at the very least equals that available in the nation as a whole." This means that "the region must obtain sufficient dentists to achieve by 1976 a ratio of one dentist to each \$4,000,000 of the South's personal income, or a ratio of one dentist for every 1,800 people," the commission stated.

"There is a definite connection between income and the demands for dental services as well as population and the demands for dental services," the commission said.

The commission pointed out that although the South's supply of dentists actually has been increasing more rapidly than the nation's supply, it has lagged considerably behind population growth and tremendous increases in income. The South can not secure enough dentists through existing sources to keep pace with these factors, the commission concluded.

". . . Southern states must secure 14,300 more dentists (by 1975) than they have prospects of securing under present plans for dental education," the commission said.

More teachers, better physical plants, expanded research in preventive dentistry and stepped-up training programs for auxiliary personnel were cited by the com-

mission as ways of achieving a reasonable balance between an "accelerating dental demand and available dental services." A full report of the findings and recommendations of the commission is to be published shortly.

Dr. Walter Pelton, Head of Dental Resources, U. S. Public Health Service, and an advisor to the commission, predicted that more emphasis on preventive dentistry would not reduce the need for dental services. Rather, it would change the type of dental practice in the future, he stated. An increase in the average age span and of life expectancy would correspondingly increase periodontal and other problems in dental care, he explained.

Dean John E. Buhler of Emory University Dental School labelled as "erroneous" the premise of the commission that there is a sufficient reservoir of qualified applicants for admission to dental schools to take care of the situation in an expanding situation. He warned that a strong recruitment program would be needed. Other dental educators present reported that industry is making tremendous inroads on prospective applicants for dentistry and medicine in their demand for nuclear physicists and engineers, radiation chemists, and electronic engineers. They said "some grass roots work will have to be done" to meet this competition in the recruiting field if dentistry is to get its full share of good applicants.

Dr. S. H. Steelman of Lincoln-ton and Executive Secretary Andrew M. Cunningham represented the North Carolina Dental Society at the Atlanta meeting. Dr. Steelman is chairman of the society's

Advisory Committee to the University of North Carolina School of Dentistry.

Raleigh Citizens Now Drink Fluoridated Water

Raleigh began fluoridating its public water supply at 10 a.m. June 28, and fluoridation foes reportedly made arrangements for another supply of drinking water.

The event caused very little stir in the Capital City. There was no attempt "to try to fool the folks," as has been done in other communities. Apparently fluoridation began exactly the time and date the City Manager announced it would. However, there were the usual scattered complaints from "the man on the street" who said he "was down in his back as a result" or it was withering his flower garden.

Fluoridation of Raleigh's water was approved in a second referendum on May 7. It was originally approved in a public vote in December 1956.

Fifteen Members Seek ADA Life Membership

Fifteen members of the North Carolina Dental Society have applied for membership in the American Dental Association. Their applications were processed through the central office and forwarded to A.D.A. headquarters in Chicago for subsequent approval by the Board of Trustees and by the House of Delegates at Miami Beach in November. June 30 was the deadline for making application for life membership this current year.

To be eligible for life membership

in the American Dental Association a member must meet the following requirements:

(1) He must be 65 years of age.
(2) He must complete 35 years as an active member in good standing (not necessarily consecutive) in the American Dental Association.

(3) He must be an active member in good standing of the A.D.A. at the time he is elected to life membership by the House of Delegates.

(4) He must make formal application to the A.D.A. Board of Trustees.

Once elected to life membership in the A.D.A., a member maintains that status so long as he remains a fully privileged member of the constituent and component societies, and he automatically becomes a life member of the North Carolina Dental Society, since the requirements for life membership contained in the North Carolina Constitution and By-Laws are identical with A.D.A. requirements.

The fifteen North Carolinians who will be presented next November to the A.D.A. House of Delegates as candidates for life membership are: Doctors Berry L. Aycock, Princeton; Vernon M. Barnes, Wilson; Walter W. Carpenter, Hendersonville; L. J. Dupree, Swansboro; Rosebud Morse Garrriott, East Bend; James M. Holland, Statesville; Oscar L. Joyner, Kernersville; Elmo N. Lawrence, Raleigh; Charles S. McCall, Forest City; Walter Leon McRae, Red Springs; Nick M. Medford, Waynesville; Clyde E. Minges, Rocky Mount; Robert M. Olive, Fayetteville; John F. Reece, Lenoir; and Joseph V. Turner, Wilson.

Rural Health Conference Set for Raleigh, October 2

The 10th Annual State Rural Health Conference will be held in Raleigh on Wednesday, October 2, 1957, at the Sir Walter Hotel. The theme of this year's conference will be "Looking Both Ways" for a review of the improvements made in health practices and services over the past ten years in North Carolina and for predictions of things to come in the future.

One morning feature of the conference entitled "The Little Black Bag," will bridge the gap between medicine as practiced yesterday and today. A "Look Ahead" as to future health programs and needs based on individual and group participation and responsibility will be a feature of the afternoon program.

The North Carolina Dental Society through Rural Health Affairs Committee headed by Dr. L. M. Massey is one of 20 health organizations which co-operates with the Medical Society of North Carolina in sponsoring these rural health conferences.

Dr. Gallagher Resigns At UNC

Chancellor William B. Aycock, in a recent news release from Chapel Hill, announced the resignation of Dr. J. Wilfred Gallagher from the faculty of the U.N.C. School of Dentistry effective in September.

Dr. Gallagher has been a member of the dental faculty at Chapel Hill since 1953 and at the time of his resignation he was Professor of Periodontology and Oral Pathology, and Director of Dental Hygiene.

NORTH CAROLINA DENTAL SOCIETY'S SPECIAL PLAN OF
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Plan 3	5,000.00	20,000.00	100.00 weekly (433.00 per month)	172.00	86.50

- (a) Members under age 60 may apply for \$10.00 per day extra for hospitalization at premium of only \$20.00 annually, or \$10.00 semi-annually.
- (b) Members under age 60 may also apply for surgical benefits up to \$225.00 per operation, as provided in policy schedule, at a premium of only \$10.00 annually or \$5.00 semi-annually.

For Application, or Further Information, Write or Call

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To renew our friendships, answer questions, or to serve in any manner the members may need our help.

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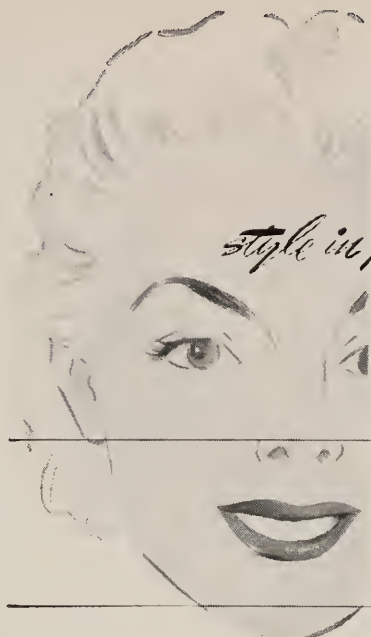


**National Children's Dental Health Week
February 2-8**

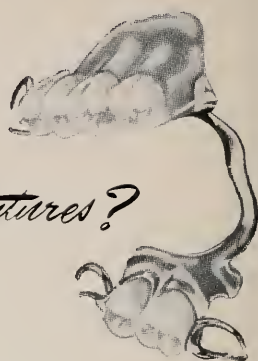
VOLUME 41

JANUARY, 1958

NUMBER 2



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THE JOURNAL of The North Carolina Dental Society

(A Constituent of the American Dental Association)

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JANUARY, 1958

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*The Journal of the North Carolina Dental Society
Sincerely Dedicates This Issue to*



PAUL PRESTON YATES, D.D.S.
Lenoir, North Carolina

Born in Chatham County, North Carolina, November 15, 1882. . . . Was graduated from Medical College of Virginia in 1905 with D.D.S. Degree. . . . Practiced in Bedford, Virginia, until 1930. . . . Moved to Lenoir, North Carolina, in 1930 and has practiced there since then. . . . A past president of the First District Dental Society and the Lenoir Rotary Club. . . . A past master of the Masonic Lodge. . . . A Shriner. . . . A Life Deacon in the Lenoir Baptist Church. . . . A man of the highest ethics and possessor of a deep love for his profession.

The President's Page . . .

RALPH D. COFFEY, D.D.S.
Morganton

Can You Afford to be Sick?

One month of sudden and severe illness could easily cost you \$5,000. In many instances this would deplete your savings, to say nothing of the loss of income during this period or the usual expenses of maintaining your home, wife and children.

This is a frightening thought, but it could happen to you! Each year the cost of long sickness and disability in America exceeds \$6 billion. Fortunately, most of us are healthy. The family of a dentist, like all Americans, spends more for recreation than for medical care. Four and one-half per cent of our income — the average spent for medical care — is not much when we consider the skill, attention, and good health we get in return.

The big problem is the long, sudden or chronic illness which saps the health and resources of the whole family. This being so, what can we do to cushion the blow of such a calamity should it occur in our family? Common sense indicates the proverbial "ounce of prevention" should be applied. This is simple. Or is it? Only 30 per cent of all Americans have an annual physical examination. And dentists, like everyone else, wait for a minor complaint to become a major illness before seeking help.

There are two group health and accident insurance plans now available to members of the North Carolina Dental Society. One is administered by Mr. J. R. Crumpton



DR. COFFEY

and the other is sponsored by the American Dental Association. A combination of both policies will pay a maximum of \$833 a month in the event of disability due to sickness or accident.

However, this protection would not be sufficient in the event of a major illness when hospital, surgical and medical bills very quickly mount to staggering proportions. Insurance companies now offer more extensive coverage to meet such an emergency in the form of Major Hospitalization and Surgical Insurance. Your Insurance Committee has investigated this field and has recommended that a policy of this type proposed by the Indemnity Insurance Company of North America be made available to members on a group basis.

The First, Second, Third, and Fourth districts have already ap-

proved this plan and are now in the process of qualifying for this protection. It is not designed to replace the group plans of health and accident insurance now in effect, nor is it intended to replace any Blue Shield-Blue Cross type of policy a member may have. Rather, it is to supplement them all and give a member the added protection he will need in the event of a major illness in his family.

It offers broad coverage at a very moderate cost which could not be duplicated on an individual basis. Under its provisions, members and their dependents can get \$10,000 coverage, with optional deductible of either \$100, \$300, or \$500 and an additional option of surgical coverage (without any deductible) on either a \$300 or \$500 schedule. It is ideally suited for the

professional man who can normally withstand moderate hospital expenditures, but who urgently needs protection against long hospitalization as a result of injury to himself or his dependents.

Can we as dentists gamble on our health? Should we believe that illness is just for the other fellow? We will be very wise to practice prevention and provide sound insurance protection for ourselves and our families.

I heartily endorse the recommendation of the Insurance Committee and I commend it to the Fifth district for approval.

When you are given an opportunity to get this protection ask yourself this question. CAN I AFFORD TO BE SICK? Then act accordingly.

The President-Elect Speaks . . .

S. EVERETT MOSER, D.D.S.
Gastonia

The Development Fund Merits Our Support

The North Carolina Dental Society is no longer small business. It has grown into the category of big business. Membership in the state society has continued its upward climb to reach a new record high on June 30, 1957, of 1,013 members. Included in this total were 843 active, or paid members, 129 State Life Members and 41 ADA Life Members. State Life Members pay only ADA dues, and ADA Life Members pay no dues either to the ADA or the state.

In September 1956 the Execu-



DR. MOSER

tive Committee established a Development Fund to be used for purchasing property and erecting on that property a central office building for the North Carolina Dental Society. The past Veteran's Association made an initial contribution to that fund of \$743.30. The original motion establishing the fund provided that 5 per cent of annual income from state dues be added each year "if possible and feasible and subject to the approval of the Executive Committee. Consequently, at the end of the fiscal year 1956 - 57, \$1,000.50 was added to the Development Fund. The fund now totals \$1,751.23. Part of it is on deposit in a bank savings account drawing 3 per cent interest and part is invested in building and loan stock paying 3½ per cent interest.

The establishment of such a fund by the Executive Committee showed keen foresight and good judgment, and their far-sighted action deserves our wholehearted support.

It is recognized by the Executive Committee that some new source or sources of income must be made available if we are to enjoy the privilege some day of owning our own home. I have tried to study all phases of this problem basically. While it is certainly not my purpose to impose a hardship on any Life Member, it has occurred to me that if only half of the Life Members would agree to contribute at least \$25 annually to the fund (amount of annual state dues) we would then have an income per annum of \$2,125. Should this plan

(See **PRESIDENT-ELECT**, page 76)

From the Secretary's Desk . . .

LUTHER H. BUTLER, D.D.S.
Greensboro

Dental Fees and the Golden Rule

In visiting all five districts this fall, it was gratifying to note the efficiency with which each meeting was conducted. Enthusiastic loyalty to our profession was most evident. The clinicians were as outstanding as any state could offer and the table clinics were all very informative and invaluable. However, let us not be complacently satisfied with a job well done in the past, but let us strive harder than ever to do a better job in the future. We need and solicit the co-operation of each member to carry on the ad-



DR. BUTLER

ministrative as well as the scientific obligations of our society.

We are quite sure that the success of the meetings could be attributed in great measure to the District Officers' Conferences which have been held for the past five years. This year 28 dentists met in Greensboro, November 23-24, to formulate plans, to study and learn the duties of the various district offices and to gain a better understanding of our problems in order that we may become a better informed group.

We are vitally interested in dentistry and in every North Carolina dentist. Therefore, we think it is time to consider the welfare of the patient as well as the dentist and carefully weigh the existing circumstances. *We do not want socialized dentistry.* This has its beginning in the minds of people who have reached the "breaking point" and who think they have been overcharged by dentists. The public is aware of this movement for it is already in progress in some of our metropolitan areas. If we as dentists would re-appraise our obligations we could help to forestall socialized dentistry.

Dentistry is a necessary profession and it affects the lives of everyone. We should consider the economic conditions under which our patients live. We should consider the status of our patients and ask ourselves this question, "Is our fee schedule in keeping with the Golden Rule?" We must keep the system of checks and balances equal, and in serving mankind bear in mind the economic conditions under which our patients exist. There could be some justifiable criticism that the fees charged are

not in line with the average patient's ability to pay. We should always remember that our relationship to the public is definitely affected by the opinions of our patients.

How thankful we should be that in our profession we have a far better economic stability than nations which have socialized dentistry forced upon them. Are you doing your part in upholding organized dentistry in this respect?

PRESIDENT-ELECT

Continued from page 75

materialize, it would be only a matter of a few years until the dream of owning our own home be a reality.

It is a source of great satisfaction and pride to see the beginning that has been made on this project; and even if we never actually own our own home, "saving for a rainy day" is as wise a policy for the state society as it is for the individual. It does not take an economist to see that.

As a State Life Member myself, I intend to "practice what I preach." Therefore I am according myself the honor and the privilege of being the first to contribute to the Development Fund. My check is being mailed to the central office today. I hope other Life Members will follow suit.

"Were we to take as much pains to be what we ought, as we do to disguise what we are, we might appear like ourselves without going to the trouble of any disguise at all."—LA ROCHEFOUCAULD.

Reports From the District Presidents

FIRST DISTRICT

C. Z. CANDLER, D.D.S., Asheville

The coming year in the First District looks extremely bright at this point because of the well-laid plans of the society leaders who have recently concluded their terms of office for the year 1957. And it appears that all I, as your District President, have to do in the coming year is follow the examples of my predecessors and allow these plans to materialize. The proposal for a plan of hospitalization for members and their families is well on the way to becoming a major achievement which will be of great benefit to us

all and it is my sincerest desire that this program be brought to a successful conclusion before next October.

Some seventeen years ago when I first began the practice of dentistry, our District meetings were held in the various communities throughout the area without much thought about the availability of accommodations for those who would attend. Usually the number would be from thirty to forty members with a sprinkling of wives to boost the number to perhaps fifty or more. Most any town with an average-sized hotel could more than take care of the needs. A few



FIRST DISTRICT OFFICERS 1957-58. Left to right: Doctors A. L. Poovey, Hickory, Secretary-Treasurer; C. Z. Candler, Jr., Asheville, President; H. D. Froneberger, Gastonia, President-Elect; C. B. Taylor, Hendersonville, Vice-President. Dr. M. M. Forbes, Lenoir, Editor, was not present when picture was taken.

weeks ago when our First District Dental Society was in session, I was impressed indeed, by the change which has occurred within such a short span of years. Our hotel was filled to overflowing with prosperous - looking members and even more prosperous-looking wives. How the times have changed! We, as dentists, are emerging as leaders in our communities. We are assuming the position that is justly ours as important benefactors to those whom we serve. No longer are we called upon for our services only as a last resort to alleviate pain. No. Those days, I hope, are gone forever and we now stand as professional men whose importance is being understood more and more as time goes by and will continue to do so as long as we, as a group, so desire.

Some might ask: "Why the change?" And the answer is as old as the hills — Teamwork! We are at last beginning to understand that nothing works quite so well as teamwork. Gone are the days when a man worked for himself and himself alone. Gone are the days when one man gained over another through criticism. Instead, we have come to realize that the exchange of ideas and the offering of a helpful hand to a colleague pay handsome dividends, not only in monetary measures, but in the satisfaction of being of service to our brethren and to our fellow-man for the benefit of all.

I am proud to be a member of such a noble profession. Moreover, I stand in humility and pride before those who have chosen me President of this District. My aim will be to serve you well and to the best of my ability, and to strengthen

the ties that bind us as one in our service to God and to mankind. I, therefore, earnestly beseech each one of you to pledge yourself to the end that this profession of ours and the heights to which it can reach are inestimable so long as we continue the display of teamwork which is so prevalent among us.

SECOND DISTRICT

THOMAS G. NISBET, D.D.S.
Charlotte

The Second District welcomes as new members the thirteen dentists inducted at our meeting at Winston-Salem. We wish them a happy and productive life and urge them to participate actively in organized dentistry, remembering always that their district society is organized dentistry at the grass-roots level, and that this society must be kept strong.

I want to congratulate the past administration on their fine meeting at Winston-Salem and to thank the dentists of that city and the Robert E. Lee Hotel for being such good hosts.

We plan to further streamline the program for our meeting in Charlotte next autumn, so that on Monday the entire day can be devoted to scientific sessions, except for a business session during our luncheon meeting.

We plan to have two main clinics and also table and projected clinics presented by some of our own members. The Program Committee will have charge of the entire scientific program. The Chairman of the Projected Clinics Committee will be a member of the Program Committee, as will the Table Clinics Committee Chairman. This



OFFICERS ELECTED BY SECOND DISTRICT FOR 1957-58. Left to right: Doctors Clarence F. Biddix, Charlotte, Editor; Boyce A. Brawley, Mooresville, Vice-President; Thomas G. Nisbet, Charlotte, President; J. P. Reece, Concord, President-Elect; James A. Harrell, Elkin, Secretary-Treasurer.

should enable us to have a well correlated program.

A committee will be appointed to study a group hospital insurance policy for ourselves, our families, and our office personnel which protects us in the event of catastrophic illness. A plan of this type has been adopted by some local and district societies, and you will have the opportunity to accept or reject the plan.

We hear continued emphasis on Public Relations and that is important, because the Healing Arts Professions have suffered in the estimation of the public in recent years; but let us never forget that our best public relations are accom-

plished not by committees, but by the healthy relationship of the individual dentist and his patient. With this approach every dentist in the Society is a member of the Public Relations Committee, as he is functioning every day for good or bad.

Dr. Clarence Biddix is our editor. Please channel items for publication in the *Journal* through him.

I wish to thank you for the honor of serving as your President this year. It is my good fortune to have willing and competent men assist in discharging our administrative duties. We will try to manage the affairs of this society well and give you a good meeting next year.

THIRD DISTRICT

S. P. GAY, D.D.S., Greensboro

We, in the Third District, feel that 1957 was a year of progress under the fine leadership of Harry Karesh. With many capable men serving on our committees in 1958, we expect to continue and further the progress of our society.

As a result of the past District Officers' Conferences, we believe that the officers are better prepared

committee listed in the various districts. We feel certain that these suggestions will help each officer in his position of leadership and that his committee will profit from that leadership.

I trust and hope that each city and county dental society will co-operate with their respective schools and parent - teachers organizations during National Dental Health Week. Television and radio stations are, as a rule, more than



NEW OFFICERS FOR 1957-58 IN THIRD DISTRICT. Left to right: Doctors S. P. Gay, Greensboro, President; W. P. Hinson, Jr., High Point, Secretary-Treasurer; W. K. Griffin, Durham, President-Elect; M. R. Hunter, Greensboro, Vice-President. Not in picture, Dr. C. B. Wolfe, Greensboro, Editor.

for their responsibilities and each district society will be a more efficient and progressive organization. At this year's conference, there were practical discussions on the duties and functions of each

glad to give time for dental health programs for this purpose. It is our responsibility to participate in this program and take the initiative in carrying it out.

Our tentative plans are to meet

at the Carolina Inn in Pinehurst on October 12 and 13 in 1958. Pinehurst is beautiful in October and should draw a large attendance.

FOURTH DISTRICT

MARVIN T. JONES, JR., Apex

I want to take this opportunity to express my appreciation to the members of the Fourth District Dental Society for the confidence they have shown in naming me president of the society. I am fully aware of the responsibility and the great amount of work this office entails, but with the full co-operation of every member, I am sure that we will continue to go forward for the advancement of dentistry. I want to pledge you my very best efforts.

We had a very good meeting this year and I would like to congratulate the past president, Dr. J. M. Pringle, and the officers and all committee members for a most successful year.

We had several new members to join the district this year and I



AUDITING COMMITTEE CHECKS BOOKS OF FOURTH DISTRICT. Left to right: Doctors T. E. Nelson, Jr., H. Royster Chamblee and S. B. Towler, all from Raleigh.

would like to take this opportunity to welcome each one into our society. I am sure that each of us is aware of the part that organized dentistry has in our profession and I am happy to see these young men avail themselves of this opportunity.

The committees have been named for the year and I want to urge each committee member to take his responsibility seriously. I am urging that we all work together for the good of the society and of dentistry. If at any time I can be of any help to any of you, I want you to feel free to call on me.

The District Officers' Conference was held in Greensboro on November 23 and 24. The purpose of the conference is to orient all new district officers as to their duties and to co-ordinate the work between the state and the district officers. I feel that all the officers are better informed after attending these meetings to do a much better job in their districts. Also, we are more aware of the problems that arise in the House of Delegates and I feel



1957-58 OFFICERS FOR FOURTH DISTRICT. Left to Right: Doctors J. B. Powell, Clinton, Secretary-Treasurer; Marvin T. Jones, Apex, President; E. A. Pearson, Jr., Raleigh, President-Elect. Not shown in picture: Doctors C. H. Bryan, Apex, Vice-President, and Robert Byrd, Raleigh, Editor.

that we have a better understanding in handling the issues.

I am sure that the program and entertainment committees are going to work hard to make our meeting next fall most interesting. Plans are under way now in preparation for a very entertaining and most enlightening meeting.

FIFTH DISTRICT

CHARLES B. JOHNSON, D.D.S.
New Bern

From the time of Moses to the time of Abraham Lincoln, the practice of dentistry was far more imaginative than effective, and frequently more to be feared than the toothache it was intended to cure. The dentist has moved rapidly since that

time. Since the first dental school was founded in 1840, he has made progress. He became a professional man and fought for higher standards of practice, education and ethics in dentistry. Obviously the dentist, despite his technological and scientific program, is still far from his goal of adequate care for all that need it. Leaders in the profession are convinced that the answer must not be just tools in the hands of more dentists, but less dental disease. To meet these problems, the nation's dentists have launched a program of research and education. Children have become the focal point for the educational part of this program, for they present the greatest opportunity for raising the nation's dental health level. Only



ELECTED TO OFFICE IN THE FIFTH DISTRICT FOR 1957-58. Left to right: Doctors Charles S. Cooke, Wilson, President-Elect; C. T. Barker, New Bern, Editor; C. B. Johnson, New Bern, President; Donald Henson, Kinston, Vice-President; W. H. Gray, Jr., Williamston, Secretary-Treasurer.

by treating childhood problems can the dentist provide healthy, durable teeth for the adults. To educate the child we must get across the story of hygiene and care to county and city school boards, teachers, principals and parent-teacher organizations.

A Special Committee has been appointed to present a program of education to parents, children and teachers during National Children's Health Week. Local dentists in the various communities of the District will be asked to present programs to civic clubs, schools and P.T.A. Programs are planned for radio and television. All local dental societies are asked to support the efforts of the committee.

An active hard - working local dental society affords an opportunity to the dentist to advance dentistry by the presentation of scientific programs and participation in civic problems. I urge that all the dentists in the district become members of a local society and take an active part in its work.

The Fifth District covers a lot of square miles. The job of the Necrology Committee can be made easier if the local dentist or dental society will report the death of a member to the committee.

I want to express my thanks for electing me to be your president. I consider it an honor to serve the society in the company of capable and willing men who will assist in administering the affairs of the Society. We ask your co-operation so that our society may have a successful year.

About eight years ago, we held our annual meeting in the City of Wilmington. For the first time in the history of our society, our wives

were invited to attend the Sunday night dinner. What an occasion! Good music, excellent food and outstanding entertainment made the occasion one to be remembered. With this memory, I am sure that all members of the Fifth District will want to come with their wives to the 1958 meeting in Wilmington, September 21-22, 1958.

According to the 1957 *Brewers Almanac*, published by the U. S. Brewers Foundation, the people of Wisconsin drink more beer and ale, and the people of North Carolina drink less, than the residents of any other state. The North Carolina Dairy Products Association reports that the average Tar Heel drinks 134 quarts of milk per year and 18 quarts of malt beverages.

Did you know that 117,046 children were born in North Carolina in 1956?

Obituaries

Dr. J. Martin Fleming, 90, an A.D.A. Life Member in the Fourth District, died in Raleigh, December 18, 1957.

Dr. R. D. Tuttle, 65, a State Life Member in the Second District, died in Winston-Salem, December 17, 1957.

Dr. Victor Vernon Voils, 58, and a member of the Second District Dental Society, died in Mooresville, November 2, 1957.

Dr. George Elder Waynick, 58, a State Life Member in the Second District, died in Winston-Salem, November 22, 1957.

NATIONAL CHILDREN'S DENTAL HEALTH WEEK FEBRUARY 2-8, 1958

A state-wide committee headed by Dr. Stuart A. Barksdale has spent many long hours perfecting plans for the observance of National Children's Dental Health Week in North Carolina, February 2-8, 1958. But the committee alone can not do the job effectively. Dental health education is never a one-man job, nor can the responsibility for it ever be delegated to a committee. It remains an obligation which each member of the profession must readily assume personally.

Each year National Children's Dental Health Week presents a golden opportunity to emphasize the importance of dental health. Your local societies will be exploiting every possible promotion media — school essay and poster contests, radio and TV spots, newspaper publicity, and talks before civic and PTA groups. Each member of the North Carolina Dental Society is urged to co-operate and lend a willing hand whenever, wherever and however it is needed that the public may be better informed on the progress of dental science and its benefits to mankind.

YOUR DISTRICTS' STATUS PRESENT AND FUTURE

From a propeller-driven airplane of ten years ago to the man-launched satellite; from the warmed-over model changes of the

1948 auto to the modern "Forward Look"; and from a dental hand-piece of 6,000 r.p.m.'s to the present 250,000 r.p.m.'s, progress is very much in evidence. Progress inevitably has its toll, however, and one need not look too far until one can see its victims. The automotive industry is a classic example. Look what has happened to several old name autos in the past decade. One slip by any cog of their organization and another grave marker is erected along the road of progress.

How is your local, district and state dental society measuring up? Would it measure favorably with those progressive industries which have successfully weathered the turbulent storms of present day competition?

One fact is becoming increasingly evident. Either your society advances with the times, or it is no longer a healthy, active, and useful society.

Perhaps our district societies have made the most spectacular progress of any phase of organized dentistry in our state. Most of the district meetings are conducted with such precision, you might easily imagine you are attending a state meeting. The present stature of our district societies has not just happened, however. A great deal of thought, effort and education plus co-operation on the part of our state society, made possible by the establishment of the Central Office is bearing fruit. For instance, some of the district meetings this past year established standards in parliamentary procedure and general

conduct many state societies would do well to even match.

More important than parliamentary procedure, however, has been the over-all increase in attendance. This attendance increase is going to mean an added responsibility for each district in that they are going to be forced to provide clinicians of the quality this attendance increase warrants. Along with the better clinicians, the social aspect should not be neglected. To improve the scientific, business, and social aspects of district meetings, each in its proper relationship to the other, should be the keynote for the future.

You may ask why we are dwelling at such length on the districts. It is not that the districts have been the only branch of organized den-

tistry in our state that needed to, or have improved but that the district society is in a peculiar situation. It can add materially to both a better state and local society. It can help the local society by creating in its individual members the desire for better programming and better leadership. There are still some individuals who regularly attend district meetings, but not the state meeting. The state society benefits most perhaps, because the districts are developing a pool of highly-trained and capable talent from which the state can draw its future leaders.

No structure is strong without a solid foundation, and the progress displayed by our various districts is providing a foundation for an even better state society of tomorrow.

10TH ANNUAL NATIONAL CHILDREN'S DENTAL HEALTH WEEK FEBRUARY 2-8, 1958

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Miniature posters publicizing this week of emphasis on children's dental health, suitable for enclosure with monthly statements, and recall notices may be obtained from A. D. A.

JOHN MARTIN FLEMING, D.D.S.

NOVEMBER 4, 1867-DECEMBER 18, 1957

There are many ways in which tribute can be paid to Dr. J. Martin Fleming who passed away December 18, 1957, at the age of ninety. But none would be more fitting or as beautifully expressed as the words of Dr. Martin's own pastor, Dr. Howard P. Powell.

It is a joyful tribute, and in its simplicity it typifies the life of a man who was a pioneer and a leader in his profession for so many long years, but who was first of all, a dedicated Christian.

Dr. Fleming majored in a number of qualities which go into the embodiment of a strong personality and an outstanding citizen. He did not want anyone to speak of them because of his excessive modesty, but as his Pastor, I feel that I would be unfair to him, his family, his colleagues and his church if I were not to pay tribute to him.

First of all, Dr. Fleming was sincere. One had the feeling that he did not speak just to make an impression, but all that he had was a quality of sincerity that one rarely finds during these days when people too often say things they do not mean in order to be gracious and courteous.

Dr. Fleming majored in appreciation. The little that this Pastor of his did for him and his family, he never failed to express his appreciation for that ministry. Many of us are appreciative, but too few of us are alert to express our appreciation as did Dr. Fleming.

Dr. Fleming majored in his profession. He won for himself distinction among his associates as a Dentist both in North Carolina and throughout the Southland. He made it easy for one to respect him, to seek his counsel and to pattern by his outstanding example.

He was a man who also majored in his home. He loved his family, and to observe him in his home was to be impressed with the fact that he was at home. He helped to make the atmosphere one of love and peace as the atmosphere of the home ought to be. He took time for his home, and yet he seemed to have time for all other things that were important and significant.

Dr. Fleming also majored as a Christian. He was a loyal and devoted member of Edenton Street Methodist Church, and to observe him as he entered the church, it was written upon his very countenance that he was here to worship God and that he did reverently and helpfully. He was a great churchman, and followed with a great deal of interest the activities of the church. It was his privilege as a young man to observe the construction of the steeple on the church that was burned in 1956, and then recently as the steeple on the new church was being erected, he was present and observed with reverent concern as the new steeple was placed to give testimony to his faith and our faith in God.

One of the highest tributes that a Minister can pay a member of his congregation is to say that his life reminded him of a passage of Scripture.

This I can truthfully say about Dr. Fleming, and I now read that passage which I have often associated with his life, the First Psalm:

“Blessed is the man that walketh not in the counsel of the ungodly, nor standeth in the way of sinners, nor sitteth in the seat of the scornful. But his delight is in the law of the Lord; and in his law doth he meditate day and night. And he shall be like a tree planted by the rivers of water, that bringeth forth his fruit in his season; his leaf also shall not wither; and whatsoever he doeth shall prosper. The ungodly are not so: but are like the chaff which the wind driveth away. Therefore the ungodly shall not stand in the judgment, nor sinners in the congregation of the righteous. For the Lord knoweth the way of the righteous: but the way of the ungodly shall perish.”

And now for you and me: “Wherefore seeing we also are compassed about with so great a cloud of witnesses, let us lay aside every weight, and the sin which doth so easily beset us, and let us run with patience the race that is set before us. Looking unto Jesus the author and finisher of our faith.”—Hebrews 12:1-2.

DR. HOWARD P. POWELL, *Pastor*
Edenton Street Methodist Church
Raleigh, North Carolina



A COMMITTEE TO BRING THE HISTORY OF THE NORTH CAROLINA DENTAL SOCIETY UP-TO-DATE met at the Central Office November 17. Pictured here are: Seated, Drs. Frank O. Alford, J. Martin Fleming, Honorary Chairman, and Paul E. Jones; Standing, Drs. Neal Sheffield, Chairman and Z. L. Edwards, Sr.

WHAT DO YOU KNOW ABOUT NORTH CAROLINA DENTAL HISTORY?

Dental History Quiz

1. Who was the first man to represent North Carolina as a delegate to the American Dental Association? When and where was this meeting held?
2. Who was the first Oral Surgeon in North Carolina? Where did he practice and where is he buried?
3. Can you name the charter members of the North Carolina Dental Society and the date it was organized?
4. When was the first dental law enacted in North Carolina?
5. When was the law passed excusing dentists from Jury Duty?
6. Who was the first President of the North Carolina Dental Society? Who was the first Secretary-Treasurer?
7. The North Carolina Dental Society raised funds to erect a monument to the first officer who gave his life for his country in the Spanish-American War. Who was this North Carolina patriot? When and in what city was the monument erected? Who was President of the North Carolina Dental Society at that time?
8. Who was the first dentist in North Carolina to graduate from a dental school and engage in the practice of dentistry in this state?
9. When was the first Board of Examiners established in North Carolina? Who were the members of that Board?
10. In what year were the dues of the North Carolina Dental Society reduced from \$3.00 to \$1.00?
11. About what date was dentistry first practiced in North Carolina and by whom?
12. Who was the first to make cast gold inlays and at what date? When and where was the first clinic demonstrating this method?

You can find the answers to the above questions and many others in *The History of the North Carolina Dental Society* by Dr. J. Martin Fleming.

HISTORY COMMITTEE

Report of

The Committee on Medicare

November 21, 1957

The Committee on Medicare met in Southern Pines October 20, 1957, to review all information on the Medicare Act, Title I, as it has affected military bases in North Carolina and to consider a request from Third Army, that Fort Bragg be declared a "remote area" under the provisions of the Medicare legislation.

After a great deal of deliberation on the matter, the committee unanimously agreed that the following letter be forwarded to the Commanding General, Third Army, over the signatures of the president and secretary of the state society.

October 26, 1957

Commanding General
Headquarters, Third United States Army
Fort McPherson, Georgia

Attention: Dental Surgeon

The North Carolina Dental Society is willing to co-operate in the recommendation that Fort Bragg, North Carolina, be declared "remote" for purposes of dependent dental care, but with the following reservations outlined below:

1. The term "remote" which is used in the legislation and throughout the implementing directives is repulsive to us and is insulting to the State of North Carolina. Our co-operation with the military in this matter is not to be construed in any way that we approve of the term itself.

2. We agree to the designation of Fort Bragg, North Carolina, as "remote" for dental purposes under the Medicare Act with the distinct understanding that this authorizes the local military dental facility to treat *only* the most deserving and needy dependents on a space-and-personnel-availability basis; and that it does not grant or imply statutory entitlement to dental care from facilities of the uniformed service.

3. Further, we understand that it will be the continued policy of the military to assign dental officers to a post only on the basis of troop strength; and that the army will *not* assign additional dentists to take care of military dependents because the area has been declared "remote."

4. Finally, the North Carolina Dental Society is co-operating with the Third Army and Fort Bragg in order that dependent dental care may be

returned on the same basis as it was handled prior to the Medicare program. We have no alternative. The provisions of Title I of the Medicare Act are not fair either to the military or to our state or country and this is our only course of action to rectify a situation created by a law which has had a disquieting effect on the morale of the troops, especially career soldiers, and is looked upon with disfavor by the civilian dental profession. In the interest of all concerned and especially the welfare of those who are in the armed forces, we therefore give our consent with the fervent hope that the law can be revised so that it will be just to all.

NORTH CAROLINA DENTAL SOCIETY

S/ RALPH D. COFFEY, *President*

S/ LUTHER H. BUTLER, *Secretary-Treasurer*

It seemed to the committee that the above agreement is not an about face or a change in its policy established in connection with previous requests from the military to have certain bases in the state declared "remote." Rather, it is a sincere attempt to make something workable out of a very bad situation. The information we have gathered led the committee to believe that the military is being unjustly penalized and that they want only exactly what we stated in the above letter. If the military is not willing to accept our offer, we can only surmise that they actually want what the act calls for. This we are not going to accept without a determined fight. The committee feels that somewhere up the line, someone must have been sleeping at the switch to allow such a law to be passed.

At the time of the writing of this report, no communication has been received from Third Army in reply to our letter of October 26, 1957.

A. T. JENNETTE, *Chairman*
Committee on Medicare

EDITOR'S NOTE: Since this report was submitted, the Executive Secretary has received a letter from Colonel Robert E. Hammersberg, Dental Surgeon, Third Army, dated December 30, 1957, which states:

"This morning we received official notification that Fort Bragg has been authorized to provide dependent dental care on a facilities available basis, essentially as outlined in previous correspondence with your office.

"I take this opportunity to express my appreciation to you for your cooperation and help in accomplishing something that we believe to be of mutual benefit."

District Officers Meet in Greensboro



DR. NEAL SHEFFIELD SPEAKS TO MEMBERS OF FIFTH ANNUAL DISTRICT OFFICERS' CONFERENCE at the O. Henry Hotel, Greensboro, November 23-24, 1957. Dr. Sheffield established the conference of district officers during his administration as President of the North Carolina Dental Society 1953-54.

Officers and editors of the five component societies which comprise the North Carolina Dental Society met at the O. Henry Hotel in Greensboro November 23-24 for the Fifth Annual District Officers' Conference. Thirty-three district officials and their guests attended the two-day meeting presided over by Dr. C. Z. Candler of Asheville, president of the conference. Other officers of the Conference this year include Dr. J. P. Reece, of Concord, vice-president, and Dr. C. B. Johnson of New Bern, secretary.

Saturday evening was devoted to three special officer - training schools. Dr. Ralph D. Coffey,

President of the North Carolina Dental Society, conducted a school for district presidents, vice-presidents and presidents - elect. The district secretaries met with state secretary-treasurer Dr. Luther H. Butler and district editors received their instruction from Editor - Publisher Dr. Frank G. Atwater.

A workshop on "Committee Structure and Organization" was held Sunday morning with Executive Secretary Andrew M. Cunningham as the keynote speaker. Group moderators for the workshop were Drs. Auburn L. Poovey, Hickory; Thomas G. Nisbet, Charlotte; J. P.

Reece, Concord; S. P. Gay, Greensboro; Marvin T. Jones, Apex; and C. B. Johnson, New Bern.

Following the workshop, Dr. C. C. Diercks spoke to the group on "Know Your Constitution and Bylaws" in which he emphasized pertinent provisions of the district constitutions and bylaws.

At the business session which concluded the program Sunday morning Dr. E. A. Pearson, Jr., of Raleigh was elected president of the Conference for the coming year. Dr. J. P. Reece was re-elected vice-president and Dr. A. L. Poovey was named secretary.

The Conference agreed on tentative dates for the 1958 district meetings as follows: First District, October 5-6, Grove Park Inn, Asheville; Second District, September 28-29, Hotel Charlotte, Charlotte; Third District, October 12-13, Mid Pines Club, Southern Pines;

Fourth District, September 15-16, Sir Walter Hotel, Raleigh; Fifth District, September 14-15, Surf Club, Wrightsville Beach.

Dr. Neal Sheffield of Greensboro, President of the North Carolina Dental Society 1953-54, was a visitor at the Conference. It was under his administration that the District Officers' Conference was established. In his brief remarks to the Conference he attributed the marked improvement in the administration of component society affairs to the growth and influence of the District Officers' Conference over the past five years.

From the deliberations of this year's meeting, officials of the Conference contemplate that a work manual for officers and committee members will be compiled by each of the district societies.

The 1958 Conference was adjourned at a luncheon meeting in the hotel.

Save Your SCRAP AMALGAM

Benefit
North Carolina Dental Society
- Relief Fund

It will be picked up at your office March 10-15
by N. C. Dental Auxiliary and dental supply houses.

General News

Scrap Amalgam Drive Set for March 10-15

Scrap amalgam will be picked up from offices of member-dentists between March 10 and 15, according to Mrs. E. H. Butler of Greensboro. Mrs. Butler is Chairman of the Scrap Amalgam Drive this year for the North Carolina Dental Auxiliary.

An annual project of the Auxiliary, the campaign netted approximately \$1,500 last year. All proceeds go to the Relief Fund of the North Carolina Dental Society.

Dr. J. T. Lasley, Chairman of the Relief Fund Committee for the state society, stressed the importance of every member co-operating to the fullest to make this year's campaign a success. The Scrap Amalgam Drive each year is the main source of revenue for the Relief Fund, he said. All the money from the sale of scrap amalgam goes directly to the Relief Fund in the state.

The dental supply houses are co-operating with the Auxiliary and will collect the scrap amalgam during the period March 10-15.

Dr. Poindexter Heads Dental Foundation

Dr. C. C. Poindexter of Greensboro was elected president of the Dental Foundation of North Carolina at its annual business meeting in Chapel Hill December 7, held in connection with the third annual University of North Carolina School of Dentistry Homecoming Day and Post Graduate Seminar. Dr. Poindexter served as vice-president of

the Foundation last year. Over 200 dentists from throughout North Carolina attended the event.

Dr. John C. Brauer, dean of the U.N.C. School of Dentistry, was re-elected Secretary - Treasurer of the Foundation and Dr. Royster Chamblee of Raleigh was named Vice-President.

New officers elected for the U.N.C. Dental Alumni Association which met at the close of the scientific sessions in the afternoon included: Doctors William D. Strickland, Chapel Hill, president; J. W. Girard, Jr., Asheville, president-elect; John Dixon, Charlotte, vice-president; and Francis A. Buchanan, Hendersonville, secretary-treasurer.

Dr. Branch Cited

Dr. Ernest A. Branch, director of the Division of Oral Hygiene of the State Board of Health since 1929, was honored by the American Association of Public Health Dentists at its annual meeting in Miami Beach in November.

He was presented with a certificate honoring him for "distinguished services and leadership in the advancement of dental health." This is the second citation Dr. Branch has received for his work in dental health education. In 1952 he was the recipient of the Carl V. Reynolds award for his contribution to public health dentistry.

UNC Dental School Establishes Another "First"

For the first time in this state, dental surgery was performed under a general anesthetic while being

televised in October at the University of North Carolina School of Dentistry.

Senior dental students and students from the North Carolina Memorial Hospital's Anesthesiology Department witnessed the operation over closed circuit television in which an 11-year-old girl lost 28 teeth, performed by Dr. Marvin E. Chapin, professor of the dental school's Department of Oral Surgery. The primary purpose was to demonstrate the techniques of administering a general anesthetic to an oral surgery patient.

Lack of proper formation and congenital defects in the young girl's teeth made the operation necessary.

A.M.A. Endorses Fluoridation For the Second Time

The American Medical Association has reaffirmed its position that fluoridation of public water supplies is a safe method of reducing the incidence of dental decay "on the basis of an exhaustive new study." The action was taken by the A.M.A. House of Delegates at its 11th annual clinical session at Philadelphia December 5.

In 1956 the A.M.A. House of Delegates directed that the Council on Drugs and the Council on Foods and Nutrition conduct a joint study of all information on water fluoridation that had been made available since the A.M.A. originally endorsed fluoridation as a public health measure in 1951. As a result of this directive, the two councils in a joint report stated in part that "no evidence has been found since the 1951 statement by the councils to prove that continuous ingestion of water containing

the equivalent of approximately one part per million of fluorine for long periods by large segments of the population is harmful to the general health."

In commenting on the study, Dr. Harold Hillenbrand, A.D.A. Secretary, said that it would help clear the air of confusion created by charges based on fear and prejudice rather than fact and that it would be a means of "reassuring the public" on the subject of fluoridation.

The Executive Council of the Medical Society of North Carolina approved the fluoridation of drinking water as a health practice at its 103rd annual meeting in Asheville, May 5-8, 1957, following a recommendation by the Child Welfare Committee of the Society.

1957-58 Relief Fund Campaign Off to Good Start

On November 20, with the campaign only three weeks old, the A.D.A. Relief Fund had received a total of \$59,569. This is over \$1,000 more than had been received at this time last year. North Carolinians had contributed \$535 of this total.

Every dollar of every contribution goes for relief purposes, according to A.D.A. officials, and the cost of raising the money is assumed by the Association. One-half of all contributions from members is returned to the state society.

Last year contributions amounting to \$1,900.50 were received from members of the North Carolina Dental Society. The North Carolina quota for this year's drive for \$100,000 is \$1,310, the same as last year.

102nd Annual Session to Feature Three Clinicians

Three noted clinicians will highlight the scientific portion of the 102nd Annual Session of the North Carolina Dental Society, May 4-7, 1958, in Pinehurst, according to Dr. Frank G. Atwater, Program Chairman. In addition, a full schedule of visual education films will be shown on a rotating basis and the best in table clinics from all sections of the state have been secured.

Essays will be presented by Dr. Paul Chevalier of Richmond, Virginia, Dr. Louis Grossman of Philadelphia and Dr. L. B. Higley of U.N.C. School of Dentistry in Chapel Hill.

Dr. Chevalier will discuss "Anterior Restorations" with special emphasis on various technics and materials used today for esthetic restorations. He will also evaluate high speed instrumentation from an operator's own practical experience and will correlate all procedures to show their application to full mouth restorative dentistry.

"Antibiotic Root Canal Therapy" will be presented by Dr. Grossman including a step-by-step technic in treating and filling root canals. His paper will be designed to enable the general practitioner to achieve a high degree of success in the proper treatment of pulpless teeth.

Dr. Higley will present "Palliative Orthodontics" in which he will touch on problems arising in restorative dentistry where tooth movement is required for better fixed or removable appliances.

Dr. Pearce Roberts, Chairman of the Entertainment Committee, has announced an unusual and different program which should appeal to all members and their ladies.

A reception honoring distinguished guests and the officers of the North Carolina Dental Society is planned for Tuesday afternoon, followed by the annual banquet, a floor show and a dance. Buddy Bair, who leads one of the South's outstanding orchestras, will furnish the music for the dance. Lou Testa and his "Roller Follies," an aggregation which has appeared on many popular television shows, are the featured entertainers for the floor show.

On Sunday afternoon, a Golf Tournament and a Skeet Shoot are scheduled.

A preliminary program will be mailed to all members some time in February and a complete program will be included in the April issue of the *Journal*. Applications for hotel reservations will be sent to members on or about February 15.

"Programs which some may label as socialistic will not be presented by loud talk in the halls of Congress or elsewhere. They will be avoided only by our health service professions meeting their responsibilities, both in letter and spirit, by providing better plans than those proposed by others." (From the presidential address of Dr. Harry Lyons at the 98th Annual Session of the A.D.A.)

The North Carolina General Assembly of 1949 appropriated funds for the establishment of a School of Dentistry at the University of North Carolina.

"Of all the things you wear, your expression is the most important."
—JANET LANE.

DOCTOR-patients CAN be made to appreciate good dental care

Whether you realize it or not you are influencing the public's attitude toward dentistry and dental care. Your influence may be good, bad or indifferent depending on how well you prepare your patients for the dental service you render.

A common complaint in dentistry is that patients do not appreciate good dental care. If good dental care is not appreciated, it suggests that dentists have not succeeded in their attempt to show patients the need for dental service and how this need can best be met.

The most effective education of the patient can be done by you and your dental hygienist in your day-to-day, face-to-face contacts with patients. Every dental procedure can be made an educational experience. Patients can be made to understand the need for a specific type of treatment, how it will contribute to better health and why there is a variation in the cost of different kinds of services.

Printed educational materials given to the patient for home reading will reinforce what you have said and the information will carry over to other members of the family. Wise use of pamphlets and booklets on various dental subjects will save you time in answering questions. And, too, many criticisms and complaints that result from misunderstandings and misinformation can be avoided.

The American Dental Association has a wide variety of authoritative, inexpensive pamphlets designed to assist you in patient education. All of them are listed in the A.D.A. catalog.

For free sample copies of typical educational booklets fill out the request below. Learn how easily you can teach your patients to appreciate the value of good dental care.

to: Bureau of Dental Health Education, American Dental Association
222 East Superior Street, Chicago 11, Illinois

check items requested: ☐ sample copy — YOUR NEW TEETH¹
☐ sample copy — THEY'RE YOUR TEETH²
☐ sample copy — YOUR CHILD'S TEETH³
☐ catalog

Purchase orders should be accompanied by remittance and addressed to the Order Dept. American Dental Association

selling prices: 1. (25) \$1.75 (50) \$2.95 (100) \$4.85
2. (25) \$2.25 (50) \$3.80 (100) \$6.35
3. (25) \$1.95 (50) \$3.35 (100) \$5.70

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Effects of Filling Materials on the Pulp *

MAURY MASSLER, D.D.S., M.S.

Professor and Head of the Department of Pedodontics
University of Illinois, College of Dentistry

* Condensed from the *N. Y. Dent.* Vol. 24 pp. 183-193, May, 1956.

Introduction

The purpose of this report is to describe the effects of various filling materials on the young pulp of the rat incisor and the mature pulp of the rat molar; and to correlate these findings with those reported by other investigators using similar materials in the teeth of dogs, monkeys and humans.

Effects of Zinc Oxide and Eugenol

The present series of studies (Silberkweit, 1955; James, 1955; Weider and Schour, 1955) indicate quite clearly that zinc oxide and eugenol cement is *not* irritant to the pulp. These studies also indicate only mildly inhibitory effects on secondary or reparative dentin formation which disappears with time (Weider and Schour, 1955).

Practically all investigators are agreed that zinc oxide and eugenol cement is the least harmful of all filling materials and most palliative to the pulp. (Manley, 1936, 1942, 1944; Gurley and Van Huysen, 1937, 1940; James and Diefenbach, 1942; Zander, 1946; Silberkweit, 1955). They therefore recommend its use whenever the pulp has been previously injured by caries or by operative procedures, prior to the insertion of the permanent filling (James and Diefenbach, 1942; Zander and Pejko, 1947). This is especially indicated in the teeth of young children.

Only Zander and Glass (1949) have suggested that zinc oxide-eugenol cement might be irritant to the pulp, and may delay the formation of a calcific bridge *when used in direct contact with the freshly amputated pulp*. Zander does not feel that it is irritant to the pulp when used in cavity preparations.

Discussion. Zinc oxide and eugenol cements are widely employed in dentistry. It is used as a periodontal pack to reduce inflammation and swelling of hyperemic gingivae, and to reduce the bacterial count prior to gingivectomy. It is employed as a pack to cover the raw tissue immediately following gingivectomy.

In view of the widespread use of and excellent biologic properties of zinc oxide and eugenol cement, it is surprising that the chemistry of its set and its pharmacologic action have thus far not been more closely investigated.

Effects of Amalgam on the Pulp

Relatively few investigations have been made to study the biologic effects of amalgam on the pulp in spite of the fact that it is the most commonly used filling material in dental practice. The studies which have been made indicate that amalgam has little effect on the pulp when placed in shallow cavities, but may have a slight effect when placed in *deep* cavities.

Manley (1936 and 1942) found a decrease in the number of odontoblasts and a slight round cell infiltration in the pulp under deep cavities in dog and human teeth. These effects were aggravated when the amalgam was placed close to the pulp, but were absent under shallow cavities (Schroff, 1947). Silberkweit (1955) confirmed this in the rat incisor. She found no effects under shallow cavities but a

localized atrophy of the subtended odontoblasts and dentin hypoplasia under deep cavities.

In rat molars, no effects were observed under shallow cavities. However, under deep cavities secondary dentin formation was definitely inhibited or absent. The odontoblasts did not appear to be injured, nor were cytologic changes noted in the pulp. However, secondary dentin formation was retarded in deep cavities, when the mercury from the filling, penetrating through the dentinal tubules, reached the body of the odontoblasts.

It is suggested that the inhibitory action of amalgam on the odontoblasts when placed in deep cavities is not only by transmitting thermal shock, but also by the transmission of mercuric ions through the dentinal tubules to the body of the odontoblasts through electrogalvanic action as shown by Massler and Barber (1953).

The sections examined in this series show that when the black precipitate (of what are probably mercuric sulfides) reaches through the tubules to the cell body of the odontoblasts, secondary reparative dentin formation is inhibited.

For the reasons cited above it is suggested that an insulating base should be used under all deep amalgam fillings to promote the formation of secondary dentin as well as to insulate the pulp against thermal injury. For this purpose, zinc oxide and eugenol (fast setting) is superior to zinc phosphate cement.

It is interesting to note that (as far as we could determine) the action of copper amalgam on the pulp has never been studied.

Effects of Self-Curing Acrylics on the Pulp

In recent years the use of self-curing acrylics for anterior fillings has become very popular due to their good esthetic properties. However, the effects of these materials on the pulp are not yet fully clarified. Some investigators (and clinicians) describe severe pulpal changes under acrylic fillings with hyperemia, round cell infiltration, cellular degeneration and fibrosis (Fisher, 1949; Castagnola, 1950; von Kreudenstein, 1951; Kramer and McLean, 1952; Maeglin, 1952, 1953; Nygaard-Oestby, 1955). The effects appear to be cumulative since they become more severe with time (Messina and Pini, 1950; Messina, 1952). The usual explanation for such injury is the action of the monomer on the pulp. Others find only slight changes in the pulp (Lefkowitz, Seeling and Zachinsky, 1949; Zander, 1951; Coy Bear and Kreshover, 1952).

Our studies in both rat incisor (Silberkweit, 1954) and in rat molars (Weider, 1955) indicate rather slight effects upon the pulp — slight engorgement and possible embolus of the blood vessels near the cavity area. In these studies, the effects of the acrylics were relatively mild and did not resemble the severely deleterious effects of the phosphoric acid cements.

In the rat incisor, the acrylic fillings were covered with wax and therefore not in contact with the oral cavity and the saliva. In these specimens the pulp showed very little damage — a few thrombosed vessels under deep cavities. The odontoblasts produced normal amounts of dentin. However, the *quality* of the dentin was slightly defective in that the tubular arrangement was disturbed. These cells behaved as if slightly intoxicated by the monomer, but not severely injured.

In the rat molars the acrylic fillings were open to the oral cavity and to the saliva. In these specimens the pulpal reaction differed in that although the pulp was slightly inflamed and a few thrombosed vessels were found under deep cavities, secondary dentin formation was normal after the third week. The general picture resembled the changes observed under open (unfilled) cavities and under cavities filled with gutta-percha.

It should be remembered that the marginal sealing quality of the self-curing acrylics is very poor (Massler and Ostrovsky, 1954; Fisher, 1949). Gross shrinkage and marginal leakage occur within a few minutes after it's set. It is entirely possible that the deleterious effects

on the pulp observed under acrylic fillings, effects which are progressive and cumulative in long term studies, are due to the penetration of saliva along the margins. Since these materials are not at all antiseptic, bacterial as well as salivary toxins may account for the pulpal damage observed over long survival periods.

Effects of Gutta-Percha on the Pulp

Gutta-percha has been used for many years as a temporary filling material because of its supposed lack of action on the pulp and ease of manipulation. Gurley and Van Huysen (1940) and James, Schour and Spence (1955) studied its effects on the pulp when placed in cavities prepared in dogs teeth and Rovelstadt and St. John (1949) and James, Schour and Spence (1955) repeated these studies in human teeth. All these studies, revealed severe hyperemic changes, and hemorrhage and inflammation in the pulp which persisted as long as 28 days.

These effects on the pulp cannot be explained by any chemical action since gutta-percha is itself a perfectly bland material. However this material requires a good deal of heat to soften it and is therefore inserted in the cavity preparation while very hot. Since it is well established that the pulp is very sensitive to heat, it is quite likely that the heat required to plasticize the gutta-percha is responsible for the injurious effects observed under this filling. Furthermore, it is well known that the marginal seal by this material is very poor (Grossman, 1939; Massler and Ostrovsky, 1954). It is therefore quite possible that the continued injurious effects on the pulp are due to the action of saliva and bacteria.

Grossman (1939) demonstrated the poor sealing quality of gutta-percha and suggested that it should not be used under cement in endodontic procedures. The superior sealing quality (as well as antiseptic action) of zinc oxide and eugenol have greatly increased the success of modern endodontic procedures.

From these studies, it seems clear that the use of gutta-percha as a temporary filling material or as a sealing agent under cement in endodontic procedures is not predicated on fact. Zinc oxide and eugenol cements on the other hand, show excellent sealing quality (as well as antiseptic action) and are very palliative to the pulp. Zinc oxide and eugenol cements are therefore superior as a temporary filling material, as a base in deep cavities under metallic fillings, and as a sealing agent in endodontic procedures.

Effects of Silicate Cements on the Pulp

Most investigators stress the noxious effects of silicate cements upon the pulp. The changes seem to be progressive and cumulative beginning with slight pulpal inflammation but soon followed by degeneration of odontoblasts, abscess formation and necrosis (Zander and Pejko, 1947).

The effects of the silicate cements on the young pulp of the rat incisor and the mature pulp of the rat molar were essentially similar to the effects described by other investigators in the teeth of dogs and humans. The odontoblasts were very severely injured and destroyed under even shallow cavities filled with this material. In deeper cavities the pulpal tissue under the cavity showed a marked inflammatory reaction, cellular infiltration and abscess formation. The abscesses were walled off and calcification of the degenerated areas could be seen indicating that the defensive powers of the pulp were not completely destroyed.

In the rat incisor, dentin hypoplasia was the rule, and in deeper cavities, complete aplasia. When some dentin matrix was formed, it was atubular, irregular and amorphous in structure. In shallow cavities the cells and dentin opposite the cavity preparation were only slightly affected, but in deep cavities the odontoblasts opposite the cavity were severely injured and dentin formation was deficient in quantity (hypoplastic) and in quality (interglobular and atubular).

In rat molars, a zone of hemorrhage and sterile necrosis occurred

under cavities (especially deep cavities) filled with silicate cement. After one week, signs of localization of the area of injury could be observed. After three weeks a blue staining (calcified?) zone could be seen surrounding the necrotic area. In a short time thereafter, secondary dentin formation was observed forming at the periphery, effectively localizing and sealing off the necrotized pulp tissues.

Effects of Zinc Phosphate Cements on the Pulp

The zinc phosphate cements (sometimes called oxyphosphate cement) cause severe and acute injury to the pulp. However, the changes produced were somewhat less severe than those observed under silicate cements and were in general, reversible.

In even very shallow cavities in both rat incisors and rat molars, the alignment of the odontoblasts under the cavity was disturbed. However, the post-operative dentin was normal in quality and significantly increased in amount, indicating a stimulating action on the odontoblasts.

In moderately deep cavities the effects were very injurious. The calcio-traumatic band formed at the time of operation was very prominent and the post-operative dentin was heavily stratified and irregular, atubular and amorphous in structure. The odontoblasts were severely disarranged with occasional loss of cells. The dentin under the cavity was significantly deficient in amount (hypoplastic). Engorged vessels and inflammatory cells were often observed in the pulp. Interestingly, dentin formation on the side opposite the cavity was often stimulated.

The increased amount of dentin formed under the cavity in shallow preparations (and on the opposite side under moderately deep cavities) indicate that the irritant effect of the zinc phosphate cement was sufficiently strong to destroy the odontoblasts in close proximity, but acted as a stimulus to the more distant cells.

Under deep cavities, the odontoblasts were destroyed and hemorrhages occurred into the underlying pulpal tissue. The damage to the pulp was very similar to that observed under silicate cements placed in moderately deep cavities.

Most investigators describe severe pulpal reactions under the zinc phosphate cements, especially when placed in deep cavities of young dog or human teeth. The histologic details observed in the human pulps are very similar to that observed in the pulps of the rat incisors and rat molars.

All are agreed that the zinc phosphate cements are irritant. Some claim this to be a virtue in that secondary dentin formation is therefore stimulated (Bodecker and Rosenstein, 1954). Others would question any irritant as having virtue.

The evidence indicates that when zinc phosphate cements are used in shallow cavities as a thin cementing medium at a distance from the (healthy) pulp, stimulation of healthy secondary dentin formation may result.

However, when the material is used in bulk, in a deep cavity close to the pulp and especially over a pulp recently injured by dental caries or the heat of a dull bur severe hyperemia results with degenerative changes following. In the rat molar, this damage can be walled off and circumscribed within three weeks. It is possible that the *healthy* human pulp can also localize and limit the damage caused by zinc phosphate cement bases placed in deep cavity preparations.

Many schools properly teach the use of an insulating base in deep cavities under metallic fillings to protect the pulp against thermal shock. Unfortunately most schools still teach the use of zinc phosphate cement as a base, in spite of the fact that the acid from the cement is injurious to the pulp it is supposed to protect. The use of zinc phosphate cement as a base in deep cavities should be discontinued and replaced by a palliative type of base material such as a fast-setting type of zinc oxide and eugenol cement.

Effects of Copper Cements on the Pulp

The most severe changes in this series were observed under cavities filled with black copper cements. Under even very shallow cavity preparations the odontoblasts were almost completely destroyed so that practically no dentin was formed thereafter. In moderately deep cavities the odontoblasts were completely destroyed and the pulpal tissue underlying this area was disarranged, hemorrhagic and necrotic.

The copper cements (red and black) enjoyed a brief popularity two decades ago, especially as a temporary filling material in children's teeth, because of a supposedly strong germicidal action. This was often used as an excuse for not removing all the carious dentin and not preparing an adequate cavity in the primary teeth of children. The popularity of this material waned as it became clear, even clinically, that this material often produced severe pulpitis and death of the pulp. Experimentally, it has been shown repeatedly that the use of a copper cement results in an acute and rapidly cumulative injury to the pulpal cells and the vascular system, with hyaline degeneration and abscess formation in the pulp.

Turkheim (1953) has shown that the supposed germicidal action of the copper cements are greatly exaggerated, being little better than that exhibited by the zinc phosphate cements and silicates, and *limited strictly to the period of set*.

The clinician is usually unaware of the gross injury to the pulp produced by zinc and copper phosphate cements, because these materials are generally used in posterior teeth where changes in color due to pulpal hemorrhage and death are not visible to the patient and usually masked even to the dentist's eyes. The absence of subjective symptoms is usually claimed by the clinician as evidence of non-injury. These men forget that a pulp undergoing sterile necrosis is unable to react by producing pain because the receptor cells (odontoblasts) and nerve endings around the odontoblasts are dead. Necrotic or degenerated pulps are asymptomatic until a secondary infection by bacteria and an acute flare-up brings it to the surprised attention of the dentist much later.

Cavity Liners

In spite of its injurious action, eleven million silicate fillings are placed annually. In recent years there has been a serious attempt to protect the pulp against its injurious action by the use of liners. In our series, zinc oxide and eugenol, with zinc acetate (2 to 4 per cent) as the accelerator, proved most effective in this respect, completely protecting the pulp against the noxious action of the silicates.

Unfortunately, the free eugenol in this mixture tends to discolor the silicate filling so that a variety of cavity liners have been suggested in its place. The cavity liner most frequently used to protect the pulp under silicate fillings is a copal resin varnish, although as long ago as 1946, Zander showed that the copal resin type of varnishes do not effectively protect the pulp against injury by the silicates. Our studies confirm this fact.

Zander et al (1947) suggested the use of a polystyrene and calcium hydroxide liner having the following formula*:

Zinc oxide	5.0
Calcium hydroxide	5.0
Polystyrene	2.0
Pigments	0.1
Chloroform	87.9

He demonstrated its effectiveness in the teeth of dogs and humans. In shallow and medium cavities prepared in rat incisors, this material effectively limited the injurious action of the silicates and copper cements. In deep cavities this liner was somewhat less effective. Mild changes could be observed under deep cavities. Using zinc oxide and

* Marketed as Chembar by the L. D. Caulk Company

eugenol cement as a standard we could conclude that this type of polystyrene-calcium hydroxide liner approximately 85 per cent effective in preventing injury to the pulp, under silicate fillings. From a clinical point of view, this is more than adequate protection.

A number of new cavity liners and pulp capping materials have recently appeared on the market. One, a mixture of calcium hydroxide in a methyl cellulose base* was tested by Berk (1950) and found to offer excellent protection to the pulp under silicate fillings. In our series, this protection was slightly less effective (approximately 65 per cent) than that offered by the polystyrene-calcium hydroxide mixture (approximately 85 per cent) but more effective than the resin based varnishes (approximately 20-40 per cent).

A number of additional preparations have recently been placed on the market. As far as we could determine, none of these were tested for their effectiveness in protecting the pulp under silicate fillings before being offered for sale to the profession. We therefore undertook to test these using the pulp of the rat incisor as the test object. None of these proved to be even as effective as the resin varnishes in protecting the pulp against injury by silicate cements.

DISCUSSION

There is no question but that the bio-assay of new filling materials (as well as sterilizing agents and operative techniques) should replace current empirical trial and error methods of clinical evaluation. Dentistry has developed from a trade into a profession based on scientific criteria. The effects of various filling materials on the pulp should be established *before* these are offered for clinical use in humans. The effects of a given filling material on the pulp should be stated as clearly on the package by the manufacturer as its physical characteristics.

These studies indicate that the rat incisor and rat molar offer a quick and economical method for the bio-assay of new filling materials. Experiments using these teeth as test objects emphasize again the findings already established by previous investigators using the teeth of dogs and humans. They have also revealed a few new details. For example the injurious action of silicate cements on the pulp is well known, but few practitioners are aware that zinc phosphate cements, particularly the copper cements, are also destructive to the pulp *when used in bulk in deep cavity preparations*. There is, therefore, good reason to question the use of zinc phosphate cements as a pulp protective base.

On the other hand, these studies suggest that zinc phosphate cement may stimulate secondary dentin formation when used as a *thin cementing layer at a distance from the pulp*.

These studies suggest that injury to the pulp under acrylic fillings is possibly the result of gross marginal leakage rather than action by the monomer.

The results obtained in these studies emphasize again the importance of cavity depth and the need to place a base under deep amalgam fillings, in order to prevent thermal and galvanic action on the odontoblasts, to prevent darkening of the dentin and delay corrosion of the metal itself, to prevent prolonged sensitivity of the pulp, and to promote the formation of secondary dentin.

The palliative action of zinc oxide and eugenol cements is re-emphasized. Its use as a temporary filling material or cavity base over recently injured pulps is widely practiced and is scientifically justified.

Under silicates and self-curing acrylics, where zinc oxide and eugenol cement cannot be used readily, a cavity liner is preferred. A polystyrene-calcium hydroxide liner proved to be the most effective in the series tested.

* Marketed as Pulpdent Paste by the Rower Dental Mfg. Company.

CONCLUSIONS

Certain generalizations may be drawn on the basis of the experimental findings in this and other studies which may be applied to clinical procedures in man.

1. Zinc oxide and eugenol exerts a palliative effect on the pulp. It is, at the present time the material of choice for use over recently injured pulps. It is to be preferred over other materials as a temporary sedative filling after pulpal injuries caused by deep and extensive caries or deep and extensive operative procedures. This is especially true in the teeth of children in whom secondary dentin has not yet formed a protective barrier within the pulp.

2. The use of gutta-percha as a temporary filling material should be discontinued in favor of zinc oxide and eugenol. Gutta-percha requires excessive heat to manipulate, leaks badly, and is therefore injurious to the pulp.

3. A protective base or cavity liner should be used under all permanent filling materials placed in deep cavities, since in such cavities even silver amalgam may be injurious to the odontoblasts.

4. A protective base or liner is probably not essential under *shallow* cavities filled with silver amalgam or the self-curing acrylics. However, a protective base or liner should be used in even shallow cavities under silicates.

5. Darkening of the dentin and corrosion of both the inner and outer surfaces of the amalgam are caused by the galvanic action inherent in all amalgams (Massler and Barber, 1953). This can be prevented in large part by an insulating base between the pulpal floor and the amalgam. A base will not only insulate the pulp against thermal shock and eliminate pulpal sensitivities (which often last for months because secondary dentin formation is inhibited under deep amalgam fillings) but will also prevent darkening of the contiguous tooth structure as well as pitting and corrosion of the amalgam surface. It is surprising how much longer the polish will last and how much more slowly the amalgam will corrode when a base is used under the filling.

6. The findings obtained in this study do not support the common practice of using any one of the zinc phosphate cements as a protective base in deep cavities, especially in the teeth of children. Apparently the addition of copper salts to the phosphate cement makes this material even more injurious to the pulp.

7. The base of choice is, at the present time, a zinc oxide and eugenol type of cement. This material is palliative and protective to the pulp, seals the cavity effectively, and is strongly germicidal.

There are dozens of fast-setting zinc oxide and eugenol preparations available on the market. Some use rosin, zinc sulfate, zinc acetate, aluminium acetate, etc., as the hardening agent and accelerator. In many, other antiseptics are added to the eugenol — i.e., thymol, phenol, etc. Some are marketed as pulp capping materials, anodyne pastes, cement bases, or temporary cements. Almost all periodontal packs are zinc oxide and eugenol preparations with different additions to subserve different purposes. Zinc oxide and eugenol pastes are also used in prosthetics to register fine details in the final impression.

All of the fast-setting zinc oxide and eugenol preparations tested were found to be very satisfactory. We prefer a thick mix of *chemically pure* zinc oxide and eugenol to which is added one drop of a saturated solution of zinc acetate. The resulting mix sets rapidly and is hard. It handles very much like zinc phosphate cements. It makes an excellent base under amalgam fillings and an excellent temporary filling.

8. Since acrylics and silicates become discolored by eugenol (and acrylics do not polymerize in the presence of essential oils) a cavity liner must be substituted for the zinc oxide and eugenol cement. The resin-based varnishes, now extensively used in dental practice under

silicates, are ineffective in this respect. The calcium hydroxide-polystyrene and calcium hydroxide-methyl cellulose liners tested in this study were effective in protecting the pulp against injury by silicates and copper cements.

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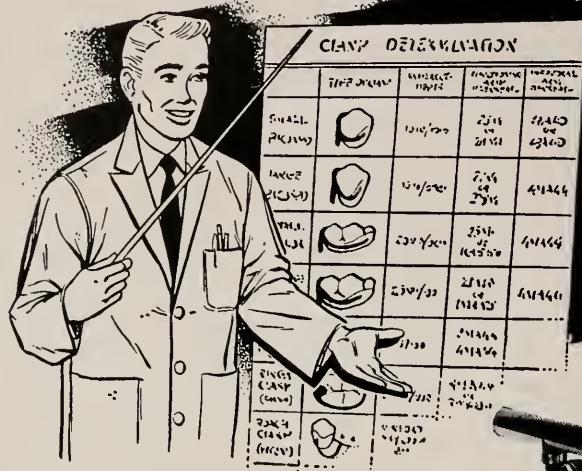
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Sincerely Dedicates This Issue to*



CASWELL FLOYD TAYLOR, D.D.S.
Charlotte, North Carolina

"Cass" Taylor has never coveted the spotlight. Honors have had to be thrust upon him; and it is very fitting that this issue of the JOURNAL be dedicated to him in recognition of his many fine attributes.

He has been of tremendous help to many young dentists. He has always done what he thought was for the best interest of his patients, and he never uttered a word of complaint during his long illness. We salute this fine gentleman.

102nd ANNUAL SESSION

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THE NORTH CAROLINA DENTAL SOCIETY



MAY 4-7, 1958

THE CAROLINA
Pinehurst, North Carolina

General Information

REGISTRATION

The registration desk in the foyer of The Carolina will open at 1:00 p.m. Sunday, May 4. Members must present their ADA cards. All guests and exhibitors are requested to register. Admission to all events, including the Commercial Exhibit area, will be by badge only.

GENERAL SESSIONS

There will be four General Session meetings: Sunday evening at 8:30, Monday morning at 10:00, Monday evening at 8:00 and Wednesday morning at 11:30. Everyone is cordially invited to attend all General Sessions except Monday evening when officers will be elected. Only members of the North Carolina Dental Society will be admitted to this meeting.

HOUSE OF DELEGATES

There will be four meetings of the House of Delegates: Sunday afternoon at 3:00, Monday evening at 9:00, Tuesday morning at 9:00 and Wednesday morning at 10:00. Only members of the North Carolina Dental Society will be admitted to these meetings.

COMMERCIAL EXHIBITS

The newest and latest in dental equipment will be on display on the west wing porches of The Carolina. The exhibits will be open on Monday and Tuesday from 9:00 a.m. to 5:00 p.m., and on Wednesday from 9:00 a.m. to 11:00 a.m. This is a most important part of the meeting and you are urged to visit all the booths.

Free refreshments will be served in the exhibit area through the courtesy of the North Carolina Dairy Products Association, the Aberdeen Coca-Cola Bottling Company, and the Seven-Up Bottling Company of Fayetteville.

SCIENTIFIC EXHIBITS AND VISUAL EDUCATION

A number of scientific exhibits will be available for inspection in the Cocktail Lounge of The Carolina during the entire meeting. See list on page 144.

Eight films on dentistry in color and sound will be shown on an alternating schedule in the Pine Room Monday and Tuesday. See schedule on page 144.

GOLF TOURNAMENT AND DINNER

A Golf Tournament will be held Sunday on the beautiful Pinehurst Country Club course. Teeing-off time is from 9:00 a.m. to 2:00 p.m. No entries will be allowed to start after 2:00 p.m. Scores must be turned in to the official scorer by 6:00 p.m. An entry fee of 50c will be charged.

Trophies will be awarded at the Golf Dinner at 7:00 p.m. in the Dining Room of The Carolina by Billy Joe Patton of Morganton, guest speaker for the occasion. Dining room service will start at 6:30 p.m. and the program will begin at 7:00 p.m. Everyone is invited to attend.

SKEET-SHOOT

A Skeet-Shoot will be held at the Pinehurst Gun Club Sunday, May 4, beginning at 1:30 p.m. Shooters are urged to bring their favorite guns, ammunition and a thermos jug of drinking water. Ammunition will be available in the field, if needed. Appropriate trophies will be awarded to the best shots at the Golf Dinner in the Dining Room of The Carolina at 7:00 p.m.

General Information

BANQUET, FLOOR SHOW AND DANCE

The annual banquet of the Society will be held at 7:00 p.m. in the Dining Room of The Carolina.

A floor show, with Lou Testa and his "Roller Follies," begins at 8:45 p.m. in the Ball Room, followed by a dance with Buddy Bair and his orchestra at 10:00 p.m. Members and guests are invited to attend all three events.

Banquet tickets will be furnished by The Carolina to its guests. Those who are not registered at The Carolina, may secure tickets at the hotel desk. There will be no admission charge for the floor show and dance.

BREAKFAST CONFERENCES

District Officers: The District Officers' Conference will meet Monday morning at 8:00 a.m. in the Crystal Room.

Past Presidents: All past presidents are invited to meet together Tuesday morning at 8:00 a.m. in the Crystal Room.

FOR THE LADIES

A schedule of events has been planned especially for the ladies by the North Carolina Dental Auxiliary. See page 151.

FRATERNITIES

Meet your fraternity buddies at the Fraternity Hour, Tuesday afternoon at 4:00 p.m. Psi Omega will meet in the Dutch Room, Delta Sigma Delta in the Pine Room and Xi Psi Phi in the Bridge Room.

DRAWING OF PRIZES

Approximately \$300.00 worth of prizes will be given to lucky winners at a drawing Wednesday morning at the close of the General Session. Only dentists are eligible and you must be present to win.

RECEPTION

Members and their guests are invited to a reception honoring the state officers and distinguished visitors on Tuesday at 5:00 p.m. in the Ball Room of The Carolina.

COFFEE BAR

The North Carolina Dental Auxiliary will sponsor a Coffee Bar from 10 p.m. to 12 midnight Sunday and Monday in the Cocktail Lounge area.

ALLIED MEETINGS

American College of Dentists, Carolinas Section, Luncheon 1:00 p.m.

Sunday, May 4, Crystal Room, The Carolina

N. C. Dental Assistants' Association, May 3-6, Holly Inn

N. C. Dental Auxiliary, May 4-6, The Carolina

N. C. Dental Hygienists' Association, May 4-7, Dutch Room, The Carolina and Mid Pines Club

N. C. Dental Society of Anesthesiology, 9:00 a.m., Tuesday, May 6, Bridge Room, The Carolina

N. C. Unit of the American Academy of Dental Medicine, Luncheon, 12 noon, Tuesday, May 6, Crystal Room, The Carolina

N. C. Unit of the American Society of Dentistry for Children, 3:00 p.m., Sunday, May 4, Bridge Room, The Carolina

MISCELLANEOUS

The Monitor Committee will operate a call board service during all sessions, so as not to disturb the general decorum of the meetings.



Left to right: Drs. Carr, Moser, Coffey and Butler

North Carolina Dental Society

OFFICERS 1957-1958

Ralph D. Coffey, D.D.S.....	President
Daniel T. Carr, D.D.S.....	Vice President
S. Everett Moser, D.D.S.....	President-Elect
Luther H. Butler, D.D.S.....	Secretary-Treasurer
Frank G. Atwater, D.D.S.....	Editor-Publisher
C. C. Diercks, D.D.S.....	Associate Editor
Andrew M. Cunningham.....	Executive Secretary

ADA Guest Speakers

General Session

Monday, May 5

10:00 a.m.

Ballroom

PERCY TOUMINE PHILLIPS, D.D.S.

New York City

President-Elect

American Dental Association

Dr. Phillips has held with distinction and honor many executive positions in dentistry at district, state and national levels. In 1948 the ADA House of Delegates elected him as its first speaker by acclamation and he was unanimously re-elected to that high office in 1949 and 1950. He served two three-year terms as a Trustee for the Second District.

A native of New York State, he is a graduate of the College of Dental and Oral Surgery of Columbia University.

Dr. Phillips will speak on "The Association's Obligations In Changing Times."



Dr. Phillips



Dr. Higgins

HOWARD B. HIGGINS, D.D.S.

Spartanburg, South Carolina

Trustee, Fifth District

American Dental Association

Dr. Higgins is serving his second term as Trustee for the Fifth District. A North Carolinian by birth and a South Carolinian by adoption, he has practiced in Spartanburg since graduating from Atlanta Southern Dental College in 1923.

Program

102nd Annual Session

Sunday, May 4

A.M.

9:00 GOLF TOURNAMENT.....Pinehurst Country Club

P.M.

1:00 REGISTRATION.....Foyer

1:00 LUNCHEON.....Crystal Room

American College of Dentists, Carolinas Section

1:30 SKEET-SHOOT.....Pinehurst Gun Club

3:00 HOUSE OF DELEGATES, FIRST SESSION.....Ballroom

3:00 N. C. Unit of American Society of Dentistry for Children.....Bridge Room

"Permanent Teeth for Patients"—Louis I. Grossman, D.D.S., Philadelphia

6:30 GOLF DINNER.....Dining Room

Awarding of Gold and Skeet-Shoot Trophies. Guest Speaker—Billy Joe Patton, Morganton. (Everyone is invited. Dining room service begins at 6:30 p.m. Program begins at 7:00 p.m.)

8:30 GENERAL SESSION, FIRST MEETING.....Ballroom

Invocation—B. A. Brawley, D.D.S.

Necrology Service—W. D. Yelton, D.D.S.

Recognition of Guests—W. J. Turbyfill, D.D.S.

President, N. C. Dental Auxiliary, Mrs. L. D. Herring

President, N. C. Dental Hygienists' Association, Mrs. Margaret Cain

President, N. C. Dental Assistants' Association, Miss Myra Parrish

President, Dental Foundation of N. C., Inc., C. C. Poindexter, D.D.S.

Tribute to Rear Admiral R. W. Malone (DC), U.S.N., C.A. Pless, D.D.S.

Address—Rear Admiral R. W. Malone (DC), U.S.N.

Choral Music, UNC School of Dentistry Chorus, R. E. Sturdevant,

D.D.S., Director

Monday, May 5

A.M.

8:00 BREAKFAST.....Crystal Room

District Officers' Conference—E. A. Pearson, Jr., D.D.S., Presiding

10:00 GENERAL SESSION, SECOND MEETING.....Ballroom

President's Address—Ralph D. Coffey, D.D.S.

Report of Fifth District Trustee—Howard B. Higgins, D.D.S.

"The Association's Obligations in Changing Times"

Percy T. Phillips, D.D.S., President-Elect, ADA

"Dental Manpower In North Carolina"

John C. Brauer, D.D.S., Dean, UNC School of Dentistry

12:00 LUNCH

P.M.

2:00 SCIENTIFIC SESSION.....Ballroom

"Restorative Dentistry for the General Practitioner," Part I

Paul L. Chevalier, D.D.S., Richmond

Moderator: Frank G. Atwater, D.D.S.

3:30 SCIENTIFIC SESSION.....Ballroom

"Antibiotic Root Canal Therapy"

Louis I. Grossman, D.D.S., Philadelphia

Moderator: R. E. Sturdevant, D.D.S.

5:30 RENEW OLD FRIENDSHIPS

6:30 DINNER

8:00 GENERAL SESSION, THIRD MEETING.....Ballroom

Election of Officers

Selection of Site for 1960 Annual Session

9:00 HOUSE OF DELEGATES, SECOND SESSION.....Ballroom

Program

102nd Annual Session

Tuesday, May 6

A.M.

8:00	PAST PRESIDENTS' BREAKFAST.....	Crystal Room
	H. K. Thompson, D.D.S., Presiding	
9:00	HOUSE OF DELEGATES, THIRD SESSION.....	Ballroom
9:00	N. C. DENTAL SOCIETY OF ANESTHESIOLOGY.....	Bridge Room
	"Medical Emergencies in the Dental Office"	
	C. R. Stephen, M.D., Duke University School of Medicine	
	(All N.C.D.S. members are invited)	
10:30	SCIENTIFIC SESSION.....	Ballroom
	"Restorative Dentistry for the General Practitioner," Part II	
	Paul L. Chevalier, D.D.S., Richmond	
	Moderator: S. W. Shaffer, D.D.S.	
12:00	LUNCHEON.....	Crystal Room
	N. C. Unit of the American Academy of Dental Medicine	
	"Inflammation and Repair"	
	Robert H. Sager, D.D.S., and Paul M. Cummings, Jr., D.D.S.	
	UNC School of Dentistry	

P.M.

2:00	SCIENTIFIC SESSION.....	Ballroom
	"Palliative Orthodontics"	
	L. B. Higley, D.D.S., UNC School of Dentistry	
	Moderator: James A. Leggette, Jr., D.D.S.	
4:00	FRATERNITY HOUR AND COMMITTEE MEETINGS	
	Psi Omega.....	Dutch Room
	Delta Sigma Delta.....	Pine Room
	Xi Psi Phi.....	Bridge Room
5:00	RECEPTION.....	Ballroom
	Honoring N.C.D.S. officers and distinguished guests	
7:00	BANQUET.....	Dining Room
	Awarding of President's Emblem	
8:45	FLOOR SHOW.....	Ballroom
	Lou Testa's—"Roller Follies"	
10:00	DANCE.....	Ballroom
	Buddy Bair and His Orchestra	

Wednesday, May 7

A.M.

8:00	BREAKFAST.....	Dining Room
9:00-11:00	TABLE CLINICS.....	Ballroom
10:00	HOUSE OF DELEGATES, FOURTH SESSION.....	Bridge Room
11:30	GENERAL SESSION, FOURTH MEETING.....	Ballroom
	Installation of Officers	
	Drawing of Prizes	
	Adjournment	

Guest Speaker

Golf Dinner

Sunday, May 4,

7:00 p.m.



Billy Joe Patton

BILLY JOE PATTON
Morganton, North Carolina

Billy Joe Patton of Morganton is well known in amateur golfing circles. He has been a member of the Walker Cup and Americas Cup teams. In 1954 he was given the Gold Tee award by the Metropolitan Golf Writers' Association as the one who did the most for the sport in 1954. A graduate of Wake Forest College, he is engaged in the lumber business in his home town.

Billy Joe will be the guest speaker at the Golf Dinner Sunday night and will award the golf and skeet-shoot trophies. Members and guests are invited to attend.

Get Your Copy at 102ND ANNUAL SESSION

THE NEW DENTAL FORMULARY

Published jointly by The North Carolina Dental Society
and The North Carolina Pharmaceutical Association

OVER 100 PAGES, BOUND IN A FLEXIBLE
BLACK PLASTIC LOOSELEAF BINDER, FOUR
MAJOR SECTIONS —

**PRESCRIPTIONS — PATIENT MEDICATION —
OFFICE MEDICATION — EMERGENCIES IN THE DENTAL
OFFICE, PLUS AN INDEX AND LIST OF
MANUFACTURERS**

Guest Speakers

General Session Sunday, May 4
8:30 p.m. Ballroom

**REAR ADMIRAL
RALPH WHATLEY MALONE**
Dental Corps United States Navy

Admiral Malone was born in Roxboro, North Carolina. He was graduated from Atlanta Southern Dental College and practiced in Durham for six years. In October 1926 he was commissioned a Lieutenant (junior grade) in the Navy Dental Corps.

During the thirties he served as President Roosevelt's personal dentist. He was advanced to the rank of Rear Admiral in 1952 and was made Head of the Navy Dental Service in 1955.

Dr. Cecil A. Pless of Asheville, a classmate of Admiral Malone in dental school, will introduce the Admiral and pay tribute to him on behalf of the North Carolina Dental Society.



Rear Admiral Malone

General Session Monday, May 5
10:00 a.m. Ballroom

JOHN CHARLES BRAUER, D.D.S.
Dean, U. N. C. School of Dentistry

Dr. Brauer became the first dean of the U. N. C. School of Dentistry in 1950 following a distinguished career as Dean of the School of Dentistry at the University of Southern California.

He was born in Nebraska and has taught at the University of Nebraska, Emory University Dental College, State University of Iowa and the University of Washington. During World War II he served as a Lieutenant Colonel on the Surgeon General's Staff and received the Legion of Merit.

Dr. Brauer will speak on "Dental Manpower in North Carolina — Whose Problem?"



Dr. Brauer

Essayists



Dr. Chevalier



Dr. Grossman



Dr. Higley

Monday, May 5, 2:00 p.m. Ballroom
Tuesday, May 6, 10:30 a.m. Ballroom

PAUL L. CHEVALIER, D.D.S.
 Richmond, Virginia
**"RESTORATIVE DENTISTRY
 FOR THE
 GENERAL PRACTITIONER"**

Dr. Chevalier, a graduate of Indiana Dental College, is Professor of Restorative Dentistry at the Medical College of Virginia.

He will present illustrated lectures on various phases of restorative dentistry, with emphasis on the indications and methods used to restore fractured anterior and bicuspid teeth, including the use of acrylic resins as a substitute for the wax pattern in cast gold restorations. He will also present a method of constructing three pin attachments by direct technic and a technic for constructing a satisfactory acrylic jacket crown.

Monday, May 5, 3:30 p.m. Ballroom

LOUIS I. GROSSMAN, D.D.S.
 Philadelphia, Pennsylvania
**"ANTIBIOTIC ROOT CANAL
 THERAPY"**

Dr. Grossman is Professor of Oral Medicine at the University of Pennsylvania School of Dentistry, from which school he was graduated in 1923.

He will attempt to answer many questions concerning sterilization and filling of the root canal, including proper case selection, antiseptics vs. antibiotics, and the many factors involved when antibiotics are used. A new filling material will be discussed which promises to be an improvement over older root canal filling agents.

Tuesday, May 6, 2:00 p.m. Ballroom

L. B. HIGLEY, D.D.S.
U. N. C. School of Dentistry
"PALLIATIVE ORTHODONTICS"

Dr. Higley received his D.D.S. degree from the University of Iowa. He is Professor and Head of the undergraduate and graduate departments of Orthodontics at the U. N. C. School of Dentistry.

In his essay he will discuss a variety of dental deformities of an orthodontic nature. By the use of slides, he will illustrate the cause and the procedure used, either mechanical or otherwise, to correct the condition. Also, he will point out specifically the part the general practitioner might play in preventing additional deformity by correcting certain malocclusions as they occur.

Table Clinics

Wednesday, May 7, 9:00-11:00 a.m

Ballroom

1. Pedodontics by Yaupon Study Club Members—Dr. Donald L. Henson, Kinston, and Dr. James H. Lee, Mt. Olive.
2. Fractured Permanent Teeth in Children.....Dr. Lewis Lee, Wilson
3. Waking Hypnosis.....Dr. A. G. Inscoe, Spring Hope
4. Use of Rubber Base Impression Material—
Dr. Lawrence A. Cameron, St. Pauls
5. Full and Immediate Denture Construction, Utilizing Stabilized
Trays.....Dr. J. A. Pearce, Raleigh
6. Complete Examination, Diagnosis and Treatment Planning—
Dr. Charles B. Ledbetter, Raleigh
7. Splinting.....Dr. Paul M. Cummings, Jr., UNC School of Dentistry
8. Impressions and Transfer Models for Crowns and Bridges—
Dr. A. Dwight Price, Chapel Hill
9. Reducing Radiation Hazards.....Dr. C. E. Crandell
UNC School of Dentistry
10. Miscellaneous.....Dr. L. G. Page, Yanceyville
11. Osteoplasty of the Mandible for Correction of Prognathism—
Dr. A. C. Riddle, Asheville
12. Reinforced Stationary Bridge Abutment Teeth—
Dr. Kenneth Ray, Asheville
13. Radical Endodontics.....Dr. C. D. Gerdes, Asheville
14. Ney-Oro Porcelain Technique.....Dr. F. T. Oldham, Morganton
15. Prosthetic Problems at a VA Neuropsychiatric Hospital—Dr. S. L. Orleans and Dr. Ralph S. Campbell, V. A. Hospital, Salisbury
16. Reports of Unusual Pedodontic Cases....Dr. Barry G. Miller, Charlotte
17. A Method of Replacement of Acrylic on Veneer Crowns—
Dr. S. D. Petersen, Jr., Charlotte
18. Accessibility for Instrumentation, Sterilization and Sealing of Root
Canals.....Dr. J. B. Freedland, Charlotte
19. The Value of All Inclusive X-Rays.....Dr. E. U. Austin, Charlotte

NORTH CAROLINA HYGIENISTS' ASSOCIATION

20. The Dental Hygienist—Her Duties and Responsibilities—
Carol Liner, Hillsboro, and Mrs. Ann M. Jamison, Durham

NORTH CAROLINA DENTAL ASSISTANTS' ASSOCIATION

21. Time Saved and Money in Your Pocket....Margaret Morrow, Asheville
22. Making Removable Dies.....Margaret Umbeck, Asheville
23. The Care of High Speed Handpieces.....Jessie Cannon, Durham
24. Setting Up and Preparing Trays for Extraction—
Tressie Starrette and Dot Thompson, Statesville
25. Dangers of Excess X-Ray Radiation for the Dental Assistant—
Sarah Perry, Statesville
26. Dental Assistants' Training and Education Program—
Bette B. Holmes, UNC School of Dentistry

Scientific Exhibits

Monday-Tuesday, 9:00 a.m.-5:00 p.m. Cocktail Lounge
Wednesday, 9:00 a.m.-11:00 a.m. Cocktail Lounge

All dentists are invited to inspect the following Scientific Exhibits which will be on display throughout the meeting in the Cocktail Lounge and the Foyer leading to the Cocktail Lounge:

1. North Carolina Heart Association
2. North Carolina Cancer Society
3. North Carolina Dairy Council
4. U.N.C. School of Dentistry
5. The National Bureau of Standards, Dental Research Section

Visual Education

Monday and Tuesday

Pine Room

The following films will be shown according to schedule below:

1. Emergency Dental Treatment (1952) (Color, sound, 20 minutes)
2. Motion Study in the Central Operatory (1957) (Black & White, silent, 20 minutes)
3. Cancer of the Oral Cavity (1954) (Color, sound, 45 minutes)
4. Equilibration of Occlusion (1952) (Color, sound, 20 minutes)
5. Hazards of Dental Radiography (1953) (Color, sound, 13 minutes)
6. Immediate Endodontics and Periapical Surgery (1954) (Color, sound, 30 minutes)
7. Local Anesthesia in Dentistry (1954) (Color, sound, 30 minutes)
8. Pressure Steam Sterilization (1953) (Color, sound, 40 minutes)

PROJECTION SCHEDULE

Monday	Tuesday
10:00 a.m.....No. 1	10:00 a.m.....No. 8
10:30 a.m.....No. 2	10:50 a.m.....No. 7
11:00 a.m.....No. 3	11:30 a.m.....No. 6
2:00 p.m.....No. 4	2:00 p.m.....No. 5
2:30 p.m.....No. 5	2:25 p.m.....No. 4
2:55 p.m.....No. 6	2:55 p.m.....No. 3
3:35 p.m.....No. 7	3:50 p.m.....No. 2
4:15 p.m.....No. 8	4:20 p.m.....No. 1

HOUSE OF DELEGATES

1958

Officers

Ralph D. Coffey, Morganton.....	President
Daniel T. Carr, Durham.....	Vice President
S. Everett Moser, Gastonia.....	President-Elect
Luther H. Butler, Greensboro.....	Secretary-Treasurer

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R. B. Barden
E. A. Pearson, Jr.

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C. E. Minges
H. K. Crotts
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H. V. Murray

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Z. L. Edwards

State Board of Dental Examiners

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L. D. Herring
Colin P. Osborne

Fifth District

R. Fred Hunt
Coyte Minges
Charles T. Barker
Paul E. Jones
W. W. Umphlett, Jr.

NORTH CAROLINA DENTAL SOCIETY

1957-1958

STANDING COMMITTEES

ADVISORY COMMITTEE FOR VETERANS ADMINISTRATION PROGRAM: B. N. Walker (1962), Chairman; H. E. Plaster (1961), C. H. Teague (1960), Guy E. Pigford (1959), P. B. Whittington, Jr. (1958).

CLINIC COMMITTEE: C. D. Eatman, Chairman; T. E. Nelson, Jr., Co-Chairman; Don Gerdes, D. L. Beavers, S. P. Gay, Glenn Bitler, Charles P. Godwin.

CONSTITUTION AND BY-LAWS COMMITTEE: Marcus R. Smith (1962), Chairman; Z. L. Edwards, Sr. (1961), B. N. Walker (1960), S. W. Shaffer (1959), A. P. Cline (1958).

COUNCIL ON DENTAL HEALTH AND INFORMATION: E. A. Branch (1958), Chairman; Harry A. Karesh (1962), E. S. Benson, Jr. (1961), S. H. Isenhower (1960), R. F. Jarrett (1959).

ETHICS COMMITTEE: G. L. Hooper (1962), Chairman; C. E. Minges (1961), H. K. Crotts (1960), H. D. Froneberger (1959), H. V. Murray (1958).

EXHIBITS COMMITTEE: E. A. Pearson, Jr., Chairman; T. G. Collins, Co-Chairman; John T. Adair, M. E. Newton, Robert E. Finch, H. P. Reeves, Jr., Charles T. Barker.

INSURANCE COMMITTEE: J. R. Edwards (1958), Chairman; J. V. Davis, Jr. (1959), E. L. Eatman (1962), S. P. Gay (1961), W. J. Turbyfill (1960).

LEGISLATIVE COMMITTEE: C. W. Sanders (1960), Chairman; W. T. McFall (1962), Paul E. Jones (1961), Guy R. Willis (1959), John R. Pharr (1958).

LIBRARY AND HISTORY COMMITTEE: H. Royster Chamblee (1962), Chairman; R. Fred Hunt (1961), S. H. Steelman (1960), H. W. Thompson (1959), M. R. Hunter (1958).

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MEMBERSHIP COMMITTEE: S. E. Moser, Chairman; A. L. Poovey, J. P. Reece, W. K. Griffin, E. A. Pearson, Jr., W. H. Gray, Jr.

NECROLOGY COMMITTEE: W. D. Yelton (1962), Chairman; D. T. Carr (1961), Marcus R. Smith (1960), E. L. Eatman (1959), J. P. Reece (1958).

NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS: J. Homer Guion (1958), Secretary; Darden J. Eure (1958), Sam W. Shaffer (1959), Wade H. Breeland (1959), G. Shuford Abernethy (1960), S. L. Bobbitt (1960).

PROGRAM COMMITTEE: Frank G. Atwater, Chairman; S. W. Shaffer, Co-Chairman; C. Z. Candler, Jr., Baxter B. Sapp, Jr., Charles H. Teague, Pearce Roberts, Jr., T. G. Collins, C. D. Eatman, T. A. Hall, Jr.

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PUBLICITY COMMITTEE: C. W. Sanders (1962), Chairman; Clyde Jarrett, Jr. (1961), Ralph Falls (1960), W. K. Griffin (1959), C. P. Godwin (1958).

RELIEF COMMITTEE: J. T. Lasley (1958), Chairman; W. E. Clark (1961), E. L. Smith (1960), J. Homer Guion (1959), R. Fred Hunt (1962).

STATE INSTITUTIONS COMMITTEE: M. M. Lilly (1962), Chairman; M. H. Truluck (1961), B. B. Sapp, Jr. (1960), R. E. Masten (1959), C. W. Poindexter (1958).

SPECIAL COMMITTEES

ADVISORY COMMITTEE TO NORTH CAROLINA DENTAL ASSISTANTS' ASSOCIATION: Guy R. Willis, Chairman; M. H. Truluck, J. C. Farthing, Jr., D. B. Seitter, Jr., Paul Fitzgerald, Jr.

ADVISORY COMMITTEE TO THE DENTAL HYGIENISTS' ASSOCIATION: Riley E. Spoon, Jr., Chairman; W. M. Matheson, W. K. Griffin, H. O. Lineberger, Jr., Donald Henson.

ADVISORY COMMITTEE TO SCHOOL HEALTH CO-ORDINATING SERVICE: Z. L. Edwards, Sr., Chairman; S. E. Moser, Co-Chairman; C. H. Teague, W. B. Sherrod, S. L. Bobbitt, John R. Pharr, James M. Zealey.

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CANCER COMMITTEE: Marvin R. Evans, Chairman; Harold Plaster, T. E. Sikes, Jr., L. Franklin Bumgardner, Glenn Bitler, Coyte E. Minges.

CHILDREN'S DENTAL HEALTH WEEK COMMITTEE: Stuart A. Barksdale, Chairman; R. H. Graham, W. T. McFall, W. S. Peery, W. K. Griffin, R. A. Daniel, W. M. Ditto, Z. L. Edwards, Jr., Charles A. Brady, Jr., Nash Underwood, Riley E. Spoon, Jr., E. L. Eatman, M. E. Woody, Jr., D. B. Seitter, Jr., W. P. Hinson, Jr., C. M. Whisnant.

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AFTER YOU HAVE

Attended the clinics

and

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YOU WILL ENJOY

Relaxing with

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TUESDAY NIGHT, MAY 6

7:00 P.M. — DINING ROOM

ANNUAL BANQUET

(A Speechless Occasion)



8:45 P.M. — BALLROOM

LOU TESTA'S

“ROLLER FOLLIES”

(Wonder Show of the Season)



10:00 P.M. — BALLROOM

Dance to the Music of

BUDDY BAIR

and his

ORCHESTRA



Mrs. Clark

Mrs. Branham

Mrs. Herring

Mrs. Bitler

Mrs. Abernethy

Mrs. Griffin

Mrs. Slott

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1957-1958

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North Carolina Dental Auxiliary

Eighth Annual Meeting

The Carolina, Pinehurst, North Carolina
May 4-6, 1958

Program

Sunday, May 4

P.M.

1:00- 5:00 REGISTRATION Foyer
8:30 GENERAL SESSION, NORTH CAROLINA DENTAL
SOCIETY Ballroom
Auxiliary Members Cordially Invited

Monday, May 5

A.M.

8:45- 9:45 REGISTRATION Foyer
8:30 18 HOLE GOLF TOURNAMENT Pinehurst Country Club
9:00 9 HOLE GOLF TOURNAMENT Pinehurst Country Club
10:00 BRIDGE AND CANASTA Bridge Room
P.M.
1:30 GOLFERS' LUNCHEON Pinehurst Country Club
Awarding of Trophies
(Luncheon ticket \$3:00. Hotel tickets honored.)

P.M.

2:00- 3:00 REGISTRATION Foyer
3:00 EXECUTIVE BOARD MEETING Bridge Room
4:15 PAST PRESIDENTS' MEETING Small Bridge Room

Tuesday, May 6

A.M.

10:00-11:00 REGISTRATION Foyer
12:00 LUNCHEON Pinehurst Country Club
Honoring new members, wives of Senior dental students, special guests
(Hotel tickets honored)
Entertainment
Business Meeting

P.M.

7:00 BANQUET, NORTH CAROLINA DENTAL SOCIETY Dining Room
8:45 FLOOR SHOW Ballroom
10:00 DANCE Ballroom

Note: Coffee Bar will be open from 10:00 p.m. until 12:00 midnight, Sunday and Monday. Sponsored by the Dental Auxiliary.

North Carolina Dental Hygienists' Association

Annual Meeting

May 4-7, 1958

Program

Sunday, May 4

P.M.

3:00	EXECUTIVE COUNCIL MEETING.....	Official Suite, Mid Pines Club
4:00- 5:00	REGISTRATION.....	Lobby, Mid Pines Club
5:30- 7:30	OFFICIAL RECEPTION.....	Terrace, Mid Pines Club

Monday, May 5

A.M.

9:30	OPENING SESSION	
10:00	GREETINGS.....	Dr. Riley E. Spoon, Jr., Chairman Advisory Committee to the Dental Hygienists' Association
10:30	"DISEASES OF THE GINGIVA AND ORAL MUCOSA" Dr. John C. Kouns, Chief, Dental Service, VA Hospital, Durham	
11:30	GREETINGS.....	Dr. D. T. Carr, Vice President, NCDS
11:45	BUSINESS SESSION	

P.M.

1:30	LUNCHEON.....	Mid Pines Club
3:00	FREE FOR VISITING EXHIBITS AND RECREATION	
5:30	SOCIAL HOUR.....	Official Suite, Mid Pines Club

Tuesday, May 6

A.M.

9:30	REGISTRATION.....	Lobby, The Carolina
10:00	BUSINESS SESSION	
10:30	"METHOD OF STERILIZATION".....	Mr. George Landman Pelton and Crane Co., Charlotte
11:00	"THE FUNDAMENTALS OF X-RAY TECHNIQUE" Dr. Glenn Bitler, Raleigh	
11:45	BUSINESS SESSION	

P.M.

2:00	EXECUTIVE COUNCIL MEETING.....	Official Suite, Mid Pines Club
3:00	ADJOURNMENT	
5:00	OFFICIAL RECEPTION, NORTH CAROLINA DENTAL SOCIETY	Ballroom, The Carolina

Wednesday, May 7

A.M.

9:00-11:00	TABLE CLINICS.....	Ballroom, The Carolina
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Note: All meetings will be held in the Dutch Room of The Carolina, except as indicated.

North Carolina Dental Assistants' Association

Eighth Annual Meeting

Holly Inn, Pinehurst, North Carolina

May 3-6, 1958

Saturday, May 3

P.M.

5:00	REGISTRATION.....	Main Lobby
7:30	MEETING OF NOMINATING COMMITTEE.....	
8:00	MEETING OF BOARD OF DIRECTORS.....	Small Card Room
9:00	OPEN HOUSE.....	Card Room
	Hostesses—Charlotte and Statesville Dental Assistants	

Sunday, May 4

A.M.

8:00	BREAKFAST HONORING PAST PRESIDENTS....	Main Dining Room
9:00	REGISTRATION.....	Main Lobby
10:00	FIRST SESSION BUSINESS BODY.....	Main Lobby

P.M.

1:00	LUNCHEON HONORING GUESTS.....	Main Dining Room
2:00	REGISTRATION.....	Main Lobby
2:30	GENERAL SESSION.....	Ballroom
	Invocation—Rev. R. L. Bame, Methodist Church of Southern Pines	
	Address of Welcome—Dr. Guy R. Willis, Chairman, Advisory Committee, NCDAA	
	Response—Nancy Shackleford	
	Address—Dr. S. Everett Moser, Pres. Elect, NCDS	
	Address—Dr. C. W. Sanders	
	Greetings from ADAA—Moselle Comer, Trustee, 5th Dist., ADAA, Portsmouth, Va.	
	President's Address—Myra Parrish	

P.M.

8:30	MEETING OF BOARD OF DIRECTORS.....	Small Card Room
9:00	SOCIAL HOUR.....	Card Room
	Hostesses—Durham-Orange and Winston-Salem Dental Assistants	

Monday, May 5

A.M.

9:00	REGISTRATION.....	Main Lobby
9:30	SECOND SESSION BUSINESS BODY.....	Ballroom
11:30	TABLE CLINICS.....	Ballroom
	There will be no business session Monday afternoon, to enable the dental assistants to attend the scientific exhibits and educational movies at the meeting of the North Carolina Dental Society.	

P.M.

7:30	BANQUET.....	Main Dining Room
9:30	DANCE, honoring President Myra Parrish.....	Ballroom

Tuesday, May 6

A.M.

9:00	REGISTRATION.....	Main Lobby
9:30	THIRD SESSION BUSINESS BODY.....	Ballroom
11:00	FOURTH SESSION BUSINESS BODY.....	Ballroom
	There will be a meeting of the Board of Directors following adjournment.	

The President's Page . . .

RALPH D. COFFEY, D.D.S.
Morganton

THANKS!



Dr. Coffey

When you elected me as your president, I stated that I was fully aware of my own limitations and had no intentions of competing with any of my great predecessors in office. I expressed complete confidence that the administration then starting and now ending would fully measure up to our high standards. I based this confidence upon the assistance I was certain would come from the former presidents, the officers, and above all the membership.

I want to express to you, the members of our Society, my great appreciation for the co-operation that you have given me as president. Many of you have willingly accepted difficult committee assignments. Many of you have taken time out

from your office to render service to the Society at personal sacrifice and financial loss.

The tributes that have come to me are not fully deserved. Nevertheless, it is gratifying to receive this recognition. I trust that you will give my successor, Everett Moser, that same degree of cooperation you have given me. No Society could have a better group of members and to each of you I owe my affection, gratitude and respect.

(Clip and carry with you for reference)

1958

CALENDAR OF COMING EVENTS

May 4- 7	102nd Annual Session.....	Pinehurst
	North Carolina Dental Society	
Sept. 21-22	Fifth District Meeting.....	Surf Club, Wrightsville Beach
Sept. 22-23	Fourth District Meeting.....	Sir Walter Hotel, Raleigh
Sept. 28-29	Second District Meeting.....	Hotel Charlotte, Charlotte
Oct. 5- 6	First District Meeting.....	Grove Park Inn, Asheville
Oct. 19-20	Third District Meeting.....	Mid Pines Club, Southern Pines
Nov. 10-13	99th Session, A.D.A.....	Dallas, Texas

Psychological Factors in Dental Practice

C. E. CRANDELL, D.D.S.

Assistant Professor, Department of Oral Diagnosis and Planning
U.N.C. School of Dentistry, Chapel Hill, North Carolina

Need for Psychology

The dentist needs to know that the mind of the patient is as important a factor to consider when planning treatment as is the superior quality of the dental restoration. Frequently the practitioner is prone to forget the varied controls executed by the human brain. It may appear that the dentist has relatively few problems in dealing with people. Occasional difficulties in salesmanship, while convincing a patient of our diagnosis, or the periodic mercenary aspects of any business are some exceptions. If dentistry is to be considered a health service as well as a mechanical art, the patient's mind must be considered along with his physical being.

Dentists have come to possess a greater knowledge of systemic diseases and their oral manifestations. Early recognition of these conditions and referral for proper treatment has done much toward elevating the standards of the profession. Likewise, dentists can soon recognize "mental problems" in their patients and refer them for proper therapy. Such cases, recognizable with merely a lay knowledge of psychology, usually are severe enough to require hospitalization.

Ninety-five per cent of the people suffer with dental caries. Dental patients therefore can be considered

a cross section of the population. Let us consider further that more than half of American hospital beds are occupied by mentally ill patients; one person in nineteen will enter a psychiatric hospital at one time or another; one person in thirteen is psychotic or in need of psychiatric aid.¹ The human mind cannot be ignored, particularly in the ninety-five per cent with dental caries.

To recognize that patients with psychological problems enter into dental practice is not enough. First, it should be pointed out that dental patients are usually seen several times, affording many opportunities for observation. Second, some patients have experienced psychological trauma upon losing teeth. Third, all openings (and especially the mouth) have great significance in the determination and direction of an individual's psyche.⁸ Fourth, the dentist often sees several influences working adversely on the psyche at the same time. Since the brain functions by association of perceived sensations, dental procedures may be associated in the unconscious mind with the menopause, the marriage of a sibling, the death of a loved one, or even obscure emotional disturbances.

The educational background of the dentist is not one to serve as a basis for psychiatric study of his

patients, but why should he use an un-knowing psychological approach any more than he should trust his bookkeeping to third-grade arithmetic? Is there not a need for basic psychiatric training in the education of a dentist?

Purpose of Study

In the organization of society, there is little place for the person who cannot get along with other people. Dental practices are built around the factors that make the relationships of the dentist and his patients as congenial as possible. The dentist, like everyone else, applies psychology in dealing with other people, whether he knows it or not.

The dentist could understand his patients' emotions and attitudes toward dental service if he understood the basic patterns of behavior, both normal and abnormal, and the factors that influence their conscious appearance. It stands to reason that if he understands his patients' problems better, he can solve them better, and thereby perform a better service for them.

The purpose of this paper is to present these basic psychological factors and to formulate a new approach to the management of the dental patient.

Many dentists have written articles about patient management, but their literature does not indicate the application of any psychological principles other than those learned through years of practice. These writers have logical technics and are not to be discredited, but the dentist should be acquainted with the psychological factors involved. Most of these articles are concerned with denture patients. The problems of

middle age and its complications have no doubt caused this group to attract the most attention.

Patient Classification

M. M. House perhaps made the first serious attempt to classify patients according to their mental attitudes toward full denture service. Several other attempts have been made but none have been as widely accepted. It has four groups:

First is the Exacting Mind, found most often in the woman who is active socially. She wants her dentures quickly so as not to miss any functions. Her dentures must defy detection. She may insist on small, white teeth, be unreasonable, and change her mind often.

The second group is the Hysterical Type, which classically is the post-menopausal female who is convinced that she can never wear dentures successfully. Often she has had several dentures made, all unsatisfactory.

Third is the Indifferent Patient, usually an elderly person without business or social interests. They are happy without dentures but seek them under pressure of friends or relatives.

Fourth is the Philosophical Type. This is the patient who has accepted his plight, co-operates with the dentist, and has confidence in him.⁹

During World War II increased attention was directed to the mental status of the population because of the large number of draft rejections for psychiatric reasons. Whether this was the incentive for the beginnings of investigations into the relationships of dentistry and psychiatry cannot be determined, but the first

authoritative reports of psychosomatic and psychiatric aspects of dentistry appeared about fifteen years ago. Psychiatrists, working with dentists and alone, began to report their findings as related to the dental field. Since the war, more investigations have been made into the relationships of the fields. Some interesting observations have been made of denture patients in this light.

Ruth Moulton presented a classification of denture patients with eight groups based on psychiatric experience, but it closely resembles House's grouping. She calls hers an attempt to classify "neurotic" reactions. Since all neurotic reactions are a result of some fear, one should never censure a patient for a peculiarity. Generally, patients may be divided into those who are obviously insecure, and those who are frightened underneath in some way, but rather than showing it or wanting to change it, try to make themselves comfortable at the expense of others by being overcritical, uncooperative, or demanding of sympathy. It is useful to know which type of reaction is predominant in a personality. The eight classes are:

One, the Apprehensive Patient is anxious, but there is little distortion of his psyche. He is aware of his trouble and able to compensate for it.

Two, the Chronic Complainer expresses some fear, more hidden from himself than from others. He has a drive to get attention and sympathy.

Three, the Hysteriacs and Hypochondriacs, present complaints obviously out of proportion to the true situation. They will relate bizarre experiences with dental

pain and show exaggerated insistence.

Four, the Obsessive or Exacting Patient is preoccupied in repetitive fashion with detail, and is always dissatisfied. He needs to push other people around. This need is based on a fear of being dominated, originating from insecurity in childhood.

Five, the Paranoiacs feel they are being persecuted. They are often shrewd, intelligent, and prone to seek occasion for lawsuits.

Six, Negativistic Patients are those that fight each dental procedure by taking the opposite stand. They only seek dental service under pressure from friends and relatives.

Seven, Depressed Patients are usually indifferent. Some feel that all is lost, however, and these should be reassured.

Eight, the Psychotic Reactions, which are not listed because severe cases are not likely to appear in the dentist's office.⁸

The medical literature contains wide and varied discussion of the relationship of the consistency of saliva to the incidence of caries, the status of saliva in mental patients, the serum calcium in various mental states, etc., dating from the turn of the century. Thus far, these facts have not been interpreted into information of any practical value to dentists.

While the work of House and Moulton is great, it seems incomplete and misdirected. Their classifications are concerned only with the full denture patient. The number of prosthodontists is small, and prosthodontia makes up only a small part of dental practice. Perhaps in

a few months, a dental writer will present a classification of patients according to their mental attitude toward Exodontia, then perhaps another will present a classification of Crown and Bridge patients, and so on, until each type patient is classified. Then there will be as many patient types as patients. The psychiatrist makes no attempt to classify a patient differently simply because he needs full dentures or exodontics. The dentist needs a simple classification, one to serve all patients, not just the full-denture patient.

The Topographical Classification currently in use by most psychiatrists and hospitals¹² is far too large and complete for the dentist. Edward A. Strecker has given us the best classification for the professional man who is not a psychiatrist. In it, there are only three basic groups, based on etiology; namely, organic, toxic and functional.

Organic psychosis occurs where there is structural pathology of brain tissues as a major cause, as in paresis and senility. Toxic psychosis (actually organic psychosis due to external influences), may result from either an internal or an external intoxication, as in alcoholism, the delirium of pneumonia, or pellagra. Functional psychoses and psychoneuroses have an obscure etiology, since neither pathology nor toxicity can be demonstrated in significant quantity. In this group are the Hysteriacs, Neurasthenias, Compulsive Reactions, and all others that cannot be placed in the other groups.¹³

Organic psychosis is best recognized by a definite impairment of memory, grandiose ideas, changes in disposition or character, slowing of mental processes, and mental de-

preciation as in senility or late stages of syphilis.

Toxic psychosis may appear in a variety of different forms, but the chief factors to watch for are anxiety, tenseness, restlessness, a disturbance in mood, or a disturbance in relation to reality, with some memory impairment.

The Functional psychoses likewise take many different forms, but are mostly characterized by delusions, hallucinations, and gross disturbances of fact and reality.⁵

The Strecker classification will work best in the dentist's hands. It gives him something to work from—rather than to. It is a general grouping of all mental patients.

As in other diseases, mental states are often complicated by environment, physical states, and other diseases, so rigid differentiations should be avoided.

Of special interest to the dentist is the patient with cancerphobia, associated with undue concern for the oral tissues. These patients have substituted the phobia for deeply hidden psychopathological material, in an effort to keep out of consciousness those submerged complexes which the personality of the patient cannot face.

Many patients fall into the organic group, with senility as the foremost etiology. This group usually presents no problem in management.

Additional factors may be added as each case presents itself. For example, the teeth have a symbolic meaning in the sexual sphere wherein some patients relate dreams in which teeth were located in the vagina (vagina dentata), especially with reference to the mother. Often the teeth are blamed for, or associated with, a disease process. A patient

may desire to have all his teeth extracted because he unconsciously believes them to be unclean.⁵

Psychosomatics In Dentistry

In the last quarter of a century, an age-old idea has taken new growth in the form of Psychosomatics, which is that branch of medicine which attempts to appraise both emotional and physical factors in disease processes with particular emphasis on the influence that these factors exert on each other and on the individual as a whole.¹⁰ Before citing specific manifestations, it is in order to explain the mechanism of psychosomatics, and to emphasize the fact that its concepts are not completely accepted and caution must be used in following its principles.⁵

Anxiety is produced when impulses clash with the realities of social existence or when they are in conflict with each other. Because of the close association of certain neural pathways in the brain, prolonged anxiety may disrupt autonomic regulation of body functions. These disruptions, in turn, may become manifest as symptoms of physical disease in any organ or function controlled by the autonomic nervous system. If the disruptions continue for a prolonged period, structural damage is done which is irreversible. Some estimate that fifty to seventy per cent of all illnesses originate in that manner.²

Flanders Dunbar mentions many oral conditions as having psychosomatic manifestations. She says the emotions influence the endocrine system, which in turn plays an important role in the development and structure of the teeth and the periodontal tissues. Lichen planus, an-

gioneurotic edema, and aphthous ulcers have psychic etiology, and idiopathic toothache is reported to have been cured by psychoanalysis.⁴ S. C. Miller links emotional tension to bruxism, caries, and paradentosis.⁶

Interesting in this light is the report of fourteen denture patients with idiopathic, orolingual pain studied clinically and psychiatrically. Four of these patients wore full dentures, two had full uppers and lower partials, while the rest wore partials. All but one were postmenopausal females, the other had normal menstruation. Biopsies were negative. Anxiety and emotional conflict were evident in all but the premenopausal patient. Ten appeared grossly neurotic, seven had cancerphobia, and all for whom data was available showed a lack of sexual gratification. Each had complained of pain or burning of oral tissue. The investigators observed a pronounced relation between emotional status and alleviation of oral symptoms. Nine of the patients related their symptoms to dental treatment.¹⁴

A New Approach

As important as it is for the dentist to have an understanding of the psychological factors which affect his patient, a direct approach to the mental status of a patient has no place in dental practice. The patient goes to the dentist for dental treatment and not for psychiatric help, regardless of how much he may be in need of such aid. Direct questioning should be avoided. The most startling results are obtained by casual observation, with the patient doing most of the talking.

Routine questioning may be done in the development of the medical

history. Dental patients expect to be asked if they have had syphilis, ulcers, high blood pressure, rheumatic fever, etc., but "do you worry a lot?" would put them on the defensive and achieve none of the desired results. If an information sheet is filled out by the patient pertaining to the medical history, factors that may have emotional influences should be noted before the patient is seen and such factors followed up by suggestive questioning. Anxiety may be expected if the patient gives a history of duodenal ulcers, asthma, dermatitis, arthritis, heartburn, hypertension, diabetes, or insomnia. If a questionnaire is used, the answers may be distorted or otherwise inaccurate, but it is important that the patient be allowed to answer the questions in his own words.

There should be continuity in the discussion, while the dentist approaches the patient in a spirit of sympathetic understanding and a genuine desire to help him. Some patients are more reserved than others, and the dentist should be willing to devote whatever time is necessary to achieve a harmonious relationship. Patients exhibiting depression, especially cancerphobia, should be reassured.

As the patient is brought into the operating room and seated, his general appearance as to health and temperament should be noted. When he is engaged in conversation, his speech should be observed: fast or slow; talkative or not; accompanied with gestures or not; meaningful or not. The patient's speech may be an attempt to disguise rather than to reveal his condition, therefore more attention should be paid to his manner of speech than to the content.

The dentist should be alert to observe any of three departures from normal speech: talking little and slow; talking fast and too much; and distorted, bizarre, incoherent speech.¹² There may be a flight of ideas, such that the patient may begin a sentence, stop abruptly, and begin another sentence about an entirely different topic.

If an intra-oral injection is given, fear may be noted, but more significant is the absence of pain. The patient may protrude the tongue as the needle is brought near, indicating a strong element of suggestibility in the personality.

The nurse or assistant may be instructed to drop an instrument to observe the patient's alertness to environmental distractions. To test his awareness of his surroundings, the patient may be asked what day it is in the middle of a sentence.

Some patients will maintain unusual postures, often finding it difficult to find the headrest after expectorating.

Tension may be noted by dilated pupils, sweating, hyperventilation, xerostoma, trembling, or gasping. Patients may attempt to disguise their tension by excessive talking, bravado, and indifference.³

The patient may volunteer symptoms such as the head feeling as though gripped in a tight band; eyes tiring easily; regurgitation shortly after eating; belching of air; heartburn; burning under the sternum or in the abdomen; quivering or butterfly stomach; mucous colitis; bloating; diarrhea if during the day or when emotionally upset; pain anywhere which began as intermittent pain and became continuous, acute, and unilateral; frequent urina-

tion during the day but normal at night; migraine headaches; hysteria; air hunger; and insomnia.¹

Practical Applications

A discussion of the more practical aspects of the subject is now in order. Many psychological factors which influence dentist-patient relationships are under direct control of the dentist. A dentist should be an emotionally mature person. Often a man becomes a dentist through an unconscious desire to hurt people. He should be alert to observe sadistic tendencies in himself and in fellow dentists.

Pain is not nearly the problem in dentistry it once was, but the fear of pain is still present. Adequate psychological insight into a patient's mental makeup is necessary to understand these fears and to cope with them. The dentist should imagine himself in the patient's position.

Hypnotism

Recently hypnotism has achieved much popularity among dentists. Reports indicate that this technique is successful in many cases.⁷ It should be pointed out, though, that an emotional outlet will, if frustrated, emerge as a new response or action. Most writers who have reported on hypnotism in dentistry have not acknowledged this transference in suggestive therapy in dental procedures.¹¹ This writer cannot give an opinion based on experience, but until further work is done, believes that even the conservative use of hypnotism in dentistry should be regarded with caution, and that such use of the mental powers should be delegated only to those thoroughly trained in psychiatry.

Even though suggestion without hypnosis is the least effective means of psychotherapy, it is the only method available to the dentist, and every dentist should avail himself of the opportunity for its use.

The dentist should be ready at all times to offer reassurance to those patients in distress, and before deciding that a patient is neurotic, he should first exonerate himself. He should not condemn, criticize, nor judge, but should be accepting, offering patients the fulfillment of their basic need for security and recognition by healing and strengthening their ego.

If the dentist can do this while rendering superior dental service, he will not only have fulfilled his obligations to the profession and his patients, but he will have performed the most important obligation of all: that is, he will have obtained for himself peace of mind and the satisfaction of knowing he has done a good job.

Conclusions

In conclusion, the need for basic psychiatric training of all health service personnel is recognized. To date, this need has been neglected, more so in the dental profession than in other fields. In order to render complete dental service, the dentist must be cognizant of the psychological factors involved; he must be ready and willing to apply them to the advantage of the profession, the patient, and himself. The Council on Dental Education should recognize this fact and require all dental schools either to have Basic Psychology as a prerequisite, or to add the course to the dental curriculum. The American Dental Association should sponsor research into the re-

relationships of psychiatry and dentistry.

Teachers should place more emphasis on psychological factors. A better, more complete, and more satisfying dental practice will be the result.

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Editorials . . .

ONLY A DENTIST?

Have you ever heard any of the following quotes? "He's no doctor; he's only a dentist." Or, have you ever noticed any of our colleagues in the medical profession say, "doctors and dentists"? Some people even place us in a skilled trade category, and refer to a jeweler as a "watch dentist."

What is your reaction when you hear any of the above quotes, or similar ones? Do they amuse or antagonize you? Perhaps you might react defensively and correct the quotation right on the spot. Your reactions are undoubtedly many and varied, but have you ever asked yourself the question, "Why are we referred to in so many ways"?

The oculist is referred to as a "doctor." So is the obstetrician, the gynecologist, and so on. Their specialty is confined to one particu-

lar portion of the anatomy. So is ours. Their training is limited and intensive to one particular area of the body so that the patient may derive the best possible treatment. Our training is similar. The teeth and mouth in which we have been trained to render our services is as much a part of the body as any other portion. When looking at our specialty in this light, no dentist should ever feel self-conscious, inferior, or resentful when we are referred to as a "dentist," for it is possible that we are being complimented.

Let us not become complacent to the extent that at all times the term "dentist" is meant to be complimentary. At times it is not meant to be, and perhaps not without some justification. What and where are some possible shortcomings within our profession? Let's get back to the specialties again, comparing those in medicine with our own. One glaring difference is immediately evident. In medicine the specialists do not divorce their own specialty field from the rest of the

anatomy to the extent we do. Here the dental profession must act, and act soon, or we possibly may end up being a "hi-speed" technician who works on teeth.

If you do not believe this to be true and that there are not those who already consider us subservient and incapable, let us look at an excerpt from a letter from the Joint Commission on Accreditation of Hospitals dated November 19, 1957. This association is composed of nineteen members, most of whom are physicians. Its duties are to evaluate hospital facilities and services in the United States and the qualifications necessary for individuals to practice therein. "A patient admitted for dental care should have medical supervision throughout their entire hospital stay." This quotation says a lot, when its full implication soaks in.

Suppose we have a patient who requires hospitalization for strictly a dental condition — pericoronitis, for example. There are those who would require that the person best qualified to treat this condition (a dentist in this case) be under the supervision of a physician. A situation such as this would be professionally embarrassing to the dentist and financially embarrassing to the patient. This is an extreme case, you say, and in many cases a patient should be treated jointly with a physician, which is true. Specialists within the field of medicine consult other specialists continually and the patient benefits. Why not grant us the same prerogative? "This doesn't affect me," you might say, "everything is in good shape at our hospital." You may be rudely awakened the day a maxillo-facial surgeon joins the staff of your hospital and

starts setting broken jaws, performing other oral surgery, and roots you off the staff. If you don't believe this to be true, just ask some of the men to whom this has already happened in your own state.

What should our profession do to help correct some of our shortcomings? The answers can be many and varied. Here are only a few.

(1) Our dental colleges should adopt a program whereby its graduates are more adequately qualified to physically evaluate a patient, even if it necessitates an internship. The dental patient is certain to benefit, and the future status of our profession will be much more secure.

(2) Our present practicing dentists should avail themselves of every opportunity to acquaint themselves with those patient requirements that we can fulfill by more adequate prescription writing. More and more pharmaceutical houses are becoming cognizant of the potential prescription writing in dentistry. We not only perform a worthwhile service to the patient, but we also are professionally elevated in the eyes of the patient by being more than just a "tooth dentist."

(3) Although our colleagues in the medical profession are indispensable to us and our mutual patients, for we are both participants in the healing profession, we must be ever-mindful of our obligation of providing the patient the type of dental service that they are entitled to. Anything short of this is not satisfactory, for proper dentistry cannot be practiced in subservience to any profession, be it in the armed services, hospitals, institutions, or in your private office in your own home town.

C. C. Diercks

General News

PG Course in Geriatrics

A two-day post graduate course in "Geriatrics and Retirement Planning" will be offered by the UNC School of Dentistry April 11 and 12.

Systematic insurance and investment programs, medical checkups, diet and other health measures, recreation, hobbies and social and community interests will be stressed. The faculty will include leading bankers, insurance men, investment brokers, physicians, ministers and social science teachers from the University.

For information on enrollment, write the Office of Post Graduate Dental Instruction, School of Dentistry, University of North Carolina, P. O. Box 750, Chapel Hill, N. C.

Improvement in Nursing Education Sought

The N. C. Board of Nurse Registration and Nursing Education is concerned over the high incidence of failure by those taking the licensure examination in this state. In 1957, 65.1 per cent of the applicants successfully passed the required tests.

The Board is seeking to improve the quality of teaching in nursing schools through a long-range program of continuing education for nursing instructors, in an effort to alleviate this situation. It was found that 76 per cent of full and part-time instructors in diploma schools of nursing in North Carolina were without a basic college degree.

"Careers in Dentistry"

Young men and women who have been thinking of dentistry as a

possible career will be interested in an attractive new booklet published by the Council on Dental Education of the American Dental Association.

The booklet, *Careers in Dentistry*, contains general information on career opportunities in the profession, the A.D.A. dental aptitude testing program and the admission and curriculum requirements of dental school programs. Additionally, helpful information on the financing of a dental education is included in the booklet.

Young people will find answers to many of their questions about the dental profession in *Careers in Dentistry*.

Single copies of the booklet may be obtained free of charge upon request to Dr. Shailer A. Peterson, secretary of the Council on Dental Education, American Dental Association, 222 E. Superior St., Chicago, Ill.

A.D.A. Seeks Historical Photos

Photographs and drawings, depicting events in the history and development of dentistry and the American Dental Association are being sought by the committee in charge of preparing a history of the Association. The publication, scheduled to appear in 1959, the centennial year, will include several illustrations of delegates attending the early meetings and of the meeting sites.

Persons owning such illustrations or knowing of their whereabouts, are asked to write to Dr. Lon W. Morrey, Editor, American Dental Association, 222 E. Superior St., Chicago 11, Illinois.

Fort Bragg Declared "Remote Area"

Fort Bragg was among nineteen military bases recently declared "remote" areas with respect to dental care under the Medicare Program for dependents of military personnel. This is the first military installation in North Carolina to be so designated. Dependents of service personnel now stationed at Fort Bragg will be eligible to receive care from dental facilities at the Cumberland County base to the extent that space and facilities are available.

After several months of negotiations, the Society's Committee on Medicare headed by Dr. A. T. Jennette of Washington, agreed to Fort Bragg being declared "remote" for dental purposes under the following conditions:

(1) That such agreement was not to be construed in any way that the North Carolina Dental Society approved of the term "remote" as set forth in the legislation and its implementing directives.

(2) That Fort Bragg would treat only the most deserving and needy dependents at the post on a space-and-personnel-availability basis and that such agreement did not grant or imply statutory entitlement to dental care from the facilities of the uniformed service.

(3) That it will be the continued policy of the military to assign dental officers to a post only on the basis of troop strength and that additional dentists would not be assigned to take care of military dependents simply because the area had been declared "remote."

The Committee made it clear that it was co-operating with the Army

in order that dental care might be returned on the same basis as it was handled prior to the Medicare Program. The Committee felt strongly that the provisions of Title I of the Medicare Act were not fair to the military because of the disquieting effect it had on the morale of the troops, especially career soldiers. It is looked upon with disfavor by the civilian dental profession as another form of socialized medicine, the Committee stated, "but in the interest of all concerned, and especially the welfare of those who are in the armed forces, we therefore give our consent with the fervent hope that the law can be revised so it will be just to all."

Dr. Jennette reported that a similar agreement has been offered to Seymour Johnson AFB in Goldsboro.

Son Joins Dad In Lab Business

Mr. Fred Noble announced recently that his son, Fred, Jr., is now associated with him in the Noble Dental Laboratory which was originally established in Raleigh in March 1935.

Fred, Jr., is a graduate of High Point College. He completed several courses in laboratory work at the UNC Dental School as well as special summer work with the Ticonium Division of Consolidate Metal Products Company of Albany, N. Y., before joining his father in the Raleigh concern.

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PROCEEDINGS ISSUE

102nd Annual Session

Pinehurst, North Carolina

May 4-7, 1958

Journal

North Carolina
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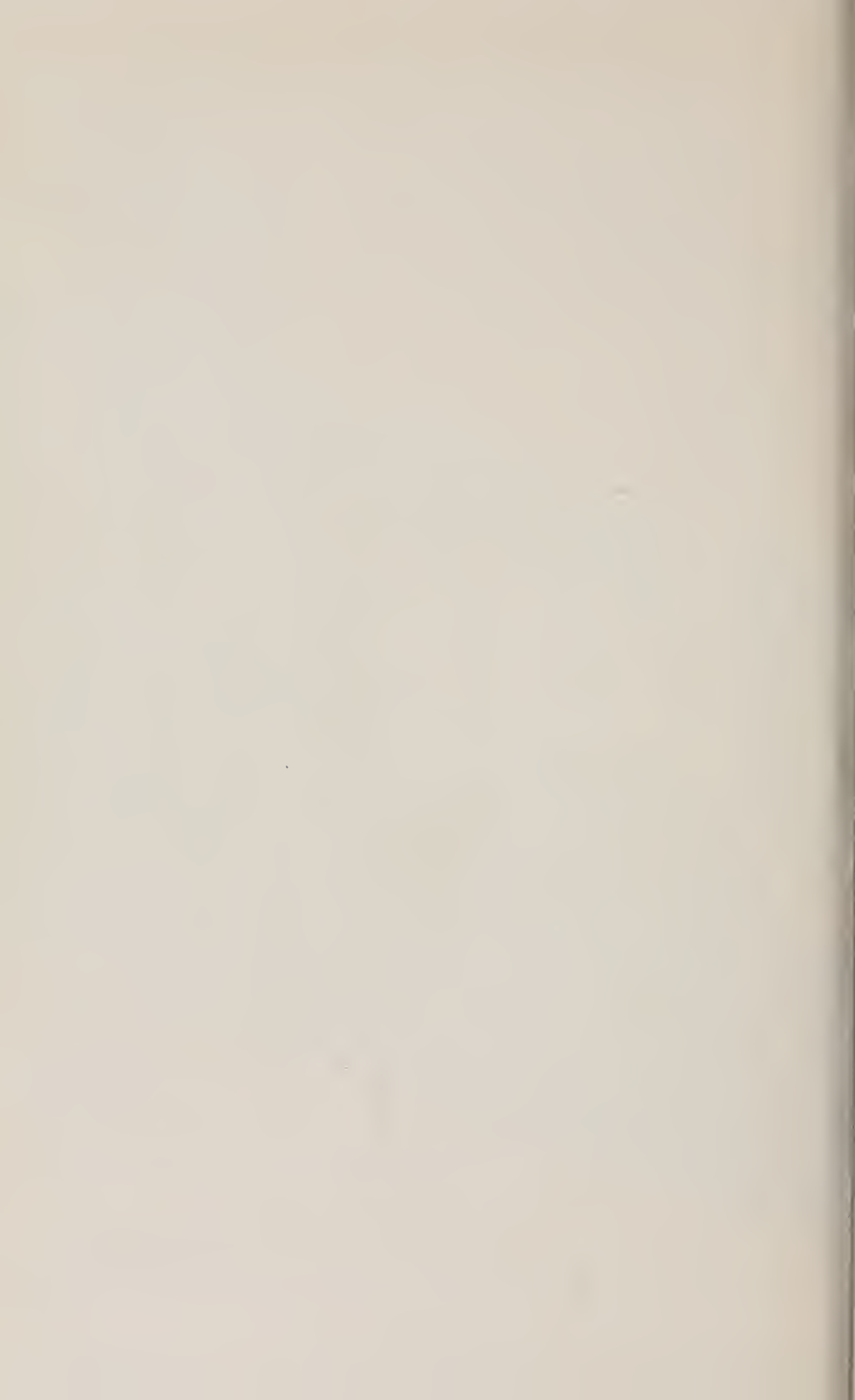
COMMITTEE REPORTS

Directory of Members,
Officers and Committees

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of the
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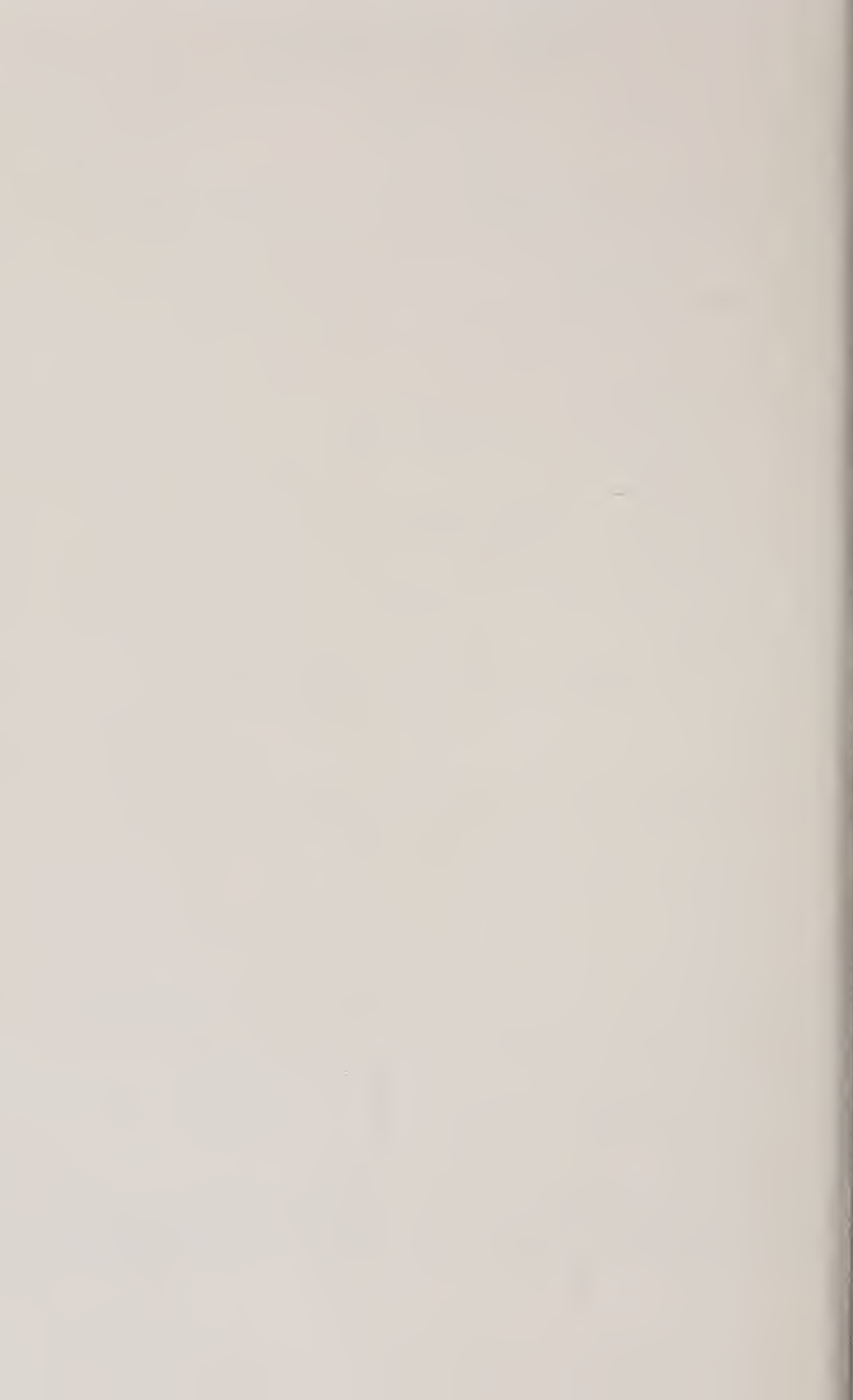
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CANDID SHOTS AT THE 102nd ANNUAL SESSION

Top row: Drs. J. R. Edwards, W. T. Ralph and C. H. Teague talk over things; President R. D. Coffey (r) chats with Admiral Malone (c) while Dr. C. A. Graham listens in; Drs. W. Howard Branch and Auburn L. Poovey supervise the ballot box during election of officers.

Middle row: Dr. C. P. Osborne, Jr., looks on while Dr. H. K. Thompson registers; Dr. E. U. Austin (r) tries to quiet Dr. F. P. Pratt; and here come the doughnuts for the Auxiliary Coffee Bar.

Bottom row: Dr. Z. L. Edwards addresses the House of Delegates; the Coffey family all dressed for the reception; Editor-Publisher Dr. Frank G. Atwater and Mrs. Atwater with Fifth District Trustee Dr. H. B. Higgins.

Resolution Honoring

PAUL E. JONES, D.D.S.
Farmville, North Carolina

Adopted by

THE HOUSE OF DELEGATES
of
The North Carolina Dental Society
May 7, 1958



DR. JONES

WHEREAS, Dr. Paul E. Jones has rendered outstanding service to the people of the State of North Carolina through his past service in the North Carolina State Senate over a period of ten years, and

WHEREAS, As a loyal member of the North Carolina Dental Society he has exhibited marked ability, deep interest and great leadership in the Society, and

WHEREAS, It has been largely through his untiring efforts, loyalty and love for his profession and fellow man that appropriations by the State Legislature for the construction of a dental school in our state were obtained, and

WHEREAS, He has further assisted in the passage of vital laws governing the practice of dentistry which are so necessary to the health and well being of our citizens,

NOW, THEREFORE, BE IT RESOLVED that Dr. Paul E. Jones is deserving of any honor or tribute that the North Carolina Dental Society could bestow on him for his past service to the Society, and the citizens of our State, and

FURTHERMORE that a copy of this resolution be published as our tribute of appreciation and thanks for his extraordinary efforts and support in bringing much honor to this society through his efforts in obtaining our School of Dentistry.

s/DENNIS S. COOK
s/Z. L. EDWARDS

Adopted by the House of Delegates May 7, 1958.

Report of the President

RALPH D. COFFEY, D.D.S.

Morganton, North Carolina

May 5, 1958



DR. COFFEY

Let my first words be those of gratitude to you for having chosen me as your President. This is a great society and it is a great honor to be at the helm. It only takes a moment of thought to make me feel very humble and unworthy of this honor, when I think of the great and illustrious men who have graced the presidency of this society. We owe our heritage to them, for the past 102 years have been a great history of organized dentistry.

We are justly proud of the society in which we are members today. Throughout the long and distinguished period of service to the public, our society has continued to flourish and grow strong, nurtured by the dedicated and inspired leadership of a host of Christian men whose principal aim was a build a better society for service to its members and the public. From the beginning, the history of these great leaders has been one to inspire the hearts and imaginations of all who have read about them, or have known them personally. The founding and growth of the North Carolina Dental Society is like the founding of America itself—a rich and challenging saga of a determined band of men who carved for themselves and left to us a place high in the annals of organized dentistry in these United States.

Today, as a vital force in organized dentistry, and having already entered our second century, I feel that my first duty and primary obligation to this office is to pay tribute to the many men who made this society a strong and vibrant organization. And while we pause to look back proudly upon an illustrious record, we also look forward to the future with a new and greater vision of service to our fellowmen through organized dentistry, namely through the North Carolina Dental Society.

As your President it is with great pleasure that I extend to you, our members and distinguished guests, a most cordial welcome to this, the 102nd annual meeting of the North Carolina Dental Society. In behalf of your officers and those members whose work has thus far gone into the planning for this meeting, may I express our hope that you will enjoy

to the fullest your stay and fellowship here these few days. We have tried to cut down the tempo of the meeting and provide those things which we believe will make your stay pleasant and profitable. To our visitors may I say how honored we are to have you. We only hope that it will be our pleasure to have you with us again soon.

It is my duty to bring you in this address a summary of the work that has been done by the society and to project ideas for the future of organized dentistry. I wish that it were practicable for me to review the work of every committee of this society, because I believe that each has done its part well this past year. You have copies of many of these committee reports. They will be discussed and acted upon by the House of Delegates. My recommendations will not be a repetition of any recommendation that I have received in committee reports thirty days prior to this meeting. I feel that the entire society should carefully review the actions of the Executive Committee this past year. It is your duty to express your opinion and thereby give guidance for the work to be undertaken in the future.

THE CENTRAL OFFICE

In view of the fact that the North Carolina Dental Society is now a so-called "big business," it is important that we study the aspect of this most important operation. The Central Office and staff is fulfilling a purpose we have envisioned for many years. The duties are now becoming so numerous, that, in the near future, it will be necessary for us to think of obtaining additional help in order that it may better serve the membership and take care of the additional obligations of the society. We are indeed fortunate in having Mr. A. M. Cunningham as our Executive Secretary. I think that it will be fortunate for the society when he is able to spend more time on public relations and committee work. This I feel will pay great dividends.

RECOMMENDATIONS: None.

INVESTMENTS

Your society this past year has taken a new look at the reserve funds which have been invested in bonds, and idle funds in checking accounts. We felt that it would be wise to invest such funds in building and loan stock, thus earning more money for the society. Dr. Daniel T. Carr, our Vice President, has rendered us a great service in placing these funds in such stock. I bring this to your attention in order that the forthcoming President and his officers will have a guide to go by.

RECOMMENDATIONS: The society give a vote of approval to this action.

DEVELOPMENT FUND

A study of the Secretary-Treasurer and Executive Committee reports will show that we changed the name of the "Sinking Fund" to the "Development Fund." This fund has its origin from the balance given to the society by the Past Veterans' Association, and is perpetuated by 5 per cent of the dues paid the society. This fund was started with the collection of the 1957 dues. Your Executive Committee has appointed a committee to have prepared the necessary instrument of incorporation for this fund in order that we may receive contributions which will be tax deductible. It is my hope that this fund will continue to grow and will in the very near future be the source by which we can own our own building for the Central Office.

RECOMMENDATION: The Incorporation of the Development Fund be carried out.

RELIEF FUND

During each of the three years that I was Secretary-Treasurer and the two years that I served as President-Elect and President, the question of what to do concerning an appropriation for the Relief Fund always

came up. In years past this fund was sustained by an annual appropriation of \$500.00 from the general fund. In addition certain penalties were designated to this fund. We are now collecting one dollar from each member which goes to the American Dental Association, and we in turn receive our share from the Association which is in excess of \$500.00. To further change this picture, and to make it much brighter, we are indeed indebted to the Dental Auxiliary for the fine work that they are doing in this most worthy field. It was the policy of the Society to have its Relief Chairman serve as a committee to collect scrap amalgam, the proceeds from the sale of which went into this fund. We collected annually about \$150.00 from this source. Since the Dental Auxiliary has been given this as a project by our society, this collection has brought to our society an annual income in excess of \$1,500.00. At this time I want to thank the Auxiliary for their interest in our behalf and express to them our deep gratitude for a job well done. It is my hope that the relations between our two organizations will be long and pleasant, because we know that they work in our interest and add much to our society. Not only are we happy with the income that they provide, I know that they have added much to our annual meeting.

Our source of income in prior years was so small that an annual appropriation was necessary and had been the custom, although it was not mandatory under the Constitution and By-Laws. However, during the years 1957 and 1958 no appropriation was made to this fund due to the fact that the Executive Committees under both administrations felt that the income from the Auxiliary Scrap Amalgam Drive, the ADA Relief Fund, and the aforementioned penalties were adequate to take care of the current load. I bring this to your attention to let the society know that this matter has been discussed in meetings of the Executive Committee. I feel that some clarification should be made by the society as a whole, for each succeeding Executive Committee has wrestled with this problem. For lack of direction they have appropriated to the best of their knowledge, and according to the load the fund was carrying at the time.

With the preceding history of the Relief Fund, its source of income, and the problems pertaining to it, and since all dentists are now under O.A.S.I., I feel that a study of our Relief Fund and all its aspects are in order. Special emphasis should be given to: (1) The annual appropriation by the society; (2) An evaluation of the reserve funds; (3) A report be made to the House of Delegates for their consideration; and (4) An approval of a definite plan for the future.

RECOMMENDATION: That a committee be appointed to study the Relief Fund problem and make a report at the next annual meeting.

JOURNAL

We have been fortunate to have outstanding Editors of our JOURNAL. I have nothing but admiration for the fine job that they have done. The JOURNAL seems to improve with each issue. I voted for and supported the change that Dr. Marvin Evans made in the Proceedings issue in that the verbatim transcript not be carried in the Proceedings issue of the JOURNAL. I do not advocate that we go back to the old plan. I feel, however, that for the officers and delegates to have this transcript would be of great help in carrying out the work from year to year. Currently, a committee report appears in the Proceedings, with the final action of the House of Delegates. I feel that the debate, which brings opinions both for and against, is of great value to the incoming officers and delegates. The plan I have in mind is that a mimeographed booklet be compiled of all action not now reported in the Proceedings issue. Copies of this could be mailed to the delegates; or furnished to the Districts to be given out at the time of their election in the fall. It is true that some of them may not read all the debate; but I feel sure that the majority would avail themselves of this valuable information.

RECOMMENDATION: That the verbatim transcript not carried in the Proceedings be mimeographed and given the officers and delegates.

As much as I like to look back upon the record and study the decisions which have made us great, we must, as I said earlier, look to the future. As we do this, I can see the word CHALLENGE ahead of us. We, as a society, should not shirk from or try to change, but with clear thinking and discussion meet the problems that are ahead. This is the spirit with which we have been endowed, and I feel certain it will carry us onward. What are some of the problems that face us today?

DENTAL MAN POWER

Much work has gone into the report of the Dental Advisory Committee to the School of Dentistry. In addition to the report you have now, you will hear Dean Brauer give a supplemental report with discussion of the plans that will be acted upon by this session. We at this session are charged with a great responsibility, and above all, a duty to make a decision. I feel that we should keep this in mind during our discussion and deliberation. I shall not go into this as anything I say would be repetitious. I do feel that we have already a great potential which many are not using, namely untrained dental assistants. To meet the demands of the future, as well as the present, I feel that auxiliary personnel is a potential we should not overlook. Encouragement should be given now to the Dental Assistants' program. Statistics will show that a greater patient load can be carried with well-trained auxiliary help, because fewer man hours are lost. Demands on the dental profession are increasing, not only by the public, but also through other fields, such as the Armed Forces, Institutions, Research, Public Health, Private Corporations, and Dental Service Corporations. One factor that we must keep in mind is the formula by which such demands are made. At one time the formula was in relation to the population. This has never proven to be correct. For example, the dentist-patient ratio in these United States varies from one dentist to eleven hundred persons to one dentist to five thousand persons, and in India the ratio is one dentist to over ninety-eight thousand persons as a whole. Many factors are reflected in these ratios. In most businesses the law of supply and demand is the governing factor. In dentistry, however, we not only abide by the law of supply and demand, but by living standards, education to the need for dentistry, and in some cases even the attitude of the dentists themselves enter into the dentist-patient ratio, be it in local towns, communities, or states. I have every confidence in the growth of our state and nation and I commend the reports to you and urge that you give them favorable consideration and that every man work hard for their implementation.

RECOMMENDATION: None (Report carries recommendations)

FLUORIDATION

Again, I think it appropriate that I bring to your attention the case of flouridation. In the past quarter-century, dentistry has experienced a remarkable development as an increasing important segment of our health service. As you know, public recognition of the necessity for dental care and a corresponding increase in the popular demand for dental service are making it more and more difficult for the dental profession to carry its load. Greater use of auxiliary personnel, more efficient equipment, and new techniques have enabled the average dentist to serve more people. I feel that one answer to the ever-present problem of dental caries is a wider use of preventive measures such as community water fluoridation. We are all aware that dental caries is, in our opinion, the most prevalent of all human disease, affecting almost 100 per cent of the American people. Unlike many diseases, dental caries never heals spontaneously, but progresses steadily to the ultimate and complete destruction of the involved tissues—the teeth. As a result, more than one billion dollars is spent annually for dental care. This amount is spent by about 40 per cent of the population. This leaves a potential of 60 per cent of the population which, in times of higher standards of living, could become our patients. It is only natural then that the public as well as the dental profession, look to the time when more effective preventive measures

will be discovered. We firmly believe that we do have such an answer in fluoridation, and progress is being made. At present there are about 1,500 communities in the United States with fluoridation systems, providing protection to around 32,000,000 persons. This is a problem that we must remain at work on. The progress will be slow, and, according to the report of the Kellogg Foundation, it will be about 100 years at the present rate of progress until all communities are served. When this is accomplished we will still be confronted with the problem of one-third of our population without community water supply. We must look to science and research for this answer and, in the meantime, do everything possible we can to see that every community is supplied. I do not propose to take the time in relating to you the facts that are proven in this case. To review the actions of the opponents to fluoridation would be a waste of time. I feel that the problem is typical of the American people, that is, a time lag between gaining new knowledge and its application for the public benefit. The delay in the recent poliomyelitis immunization program illustrates this fact.

RECOMMENDATION: That we once again reaffirm our position favoring fluoridation, and urge all towns or communities without fluoridation to continue their efforts in behalf of this worth-while measure.

HOSPITAL SERVICE

I feel that this subject is one of great importance to the profession. Nearly ten years ago, Dr. Cleon Sanders brought this to our attention. Since that time some progress has been made in that dental staffs have been formed in some hospitals. I feel very strongly that we, as dentists, owe this to the public as well as our profession, and that we be available to our local hospitals so we can serve our patients in the field of oral surgery or render service to our patients while they are hospitalized. This service is not possible unless we are on the staff, be it dental or regular. To further substantiate the importance of these staffs, you are reminded that the Medicare program has been amended to include the payment for services performed by a dentist, provided, he is on the staff of the hospital. We should not stand idly by and let certain operations be performed by physicians when this should be done by qualified dentists. The whole work of the Insurance Adjustment Committee will be in vain if we do not organize these dental staffs in our hospitals. We must keep in mind that the privilege of rendering service and receiving fees is contingent upon being on the staff in the particular hospital. This problem is not a local one, for it extends to the very top of organized dentistry, and it is our hope that this will get its rightful consideration from the American Dental Association.

RECOMMENDATION: None (Report carries recommendations)

CIVIL DEFENSE:

I cannot let this opportunity pass without bringing to the attention of the society a reminder of the role that we can take in Civil Defense. This phase of work is not appealing, and we trust that its use will never be necessary. This, however, does not relieve us of the responsibility that we have in the defense of our country. Complacency has no place in the world today. We trust there will never be another war. A good deterrent to an aggressor, however, is preparedness. Civil defense training for the dentist should be given in every component society within the five districts. This will be good training regardless of its use. I will remind you of Cameron, Louisiana, where they have never experienced war, but where hundreds of lives were saved because they had a well trained and organized Civil Defense program, which went into operation during a recent storm. We must keep in mind that the winner of another conflict will be the nation that survives. We should do our part to make this possible for us.

RECOMMENDATION: That the Committee on Military Affairs and Civil Defense institute a program of training in all five districts.

At a caucus of the Fifth District delegates attending the meeting of the

American Dental Association in Miami this past fall Dr. Gerald H. Leatherman of London addressed our meeting. Dr. Leatherman is a dentist of international standing, and while attending our meeting he was given an honorary membership, with this tribute, "For his genuine and increasing successful effort to bring about a greater understanding between the dentists, dental associations and nations of the world, the Board of Trustees takes great pleasure in nominating Dr. Leatherman for honorary membership." I feel this background that I have given is important due to the statement that Dr. Leatherman made to us. The following is his statement, "You dentists attending this caucus here today will live to see the day when you, too, will have a national health program, similar to ours in England. No person here today will like such a program; but the young dentists, yet to be graduated, will like it."

I have thought much about this statement, and I believe that it is a challenge for us to do something about it. Maybe it takes such words from men with knowledge and understanding to bring us to the point where we will get our "house in order." I wish it were possible for me to give you the answers which would in time disprove his statement. With your kind indulgence I will give you some ideas of my own which I think will preserve our profession as we know it today.

(1) Good relationship between dentistry and the public should be strengthened. We can do this by making available those dental services that are in keeping with the ability of the patient to afford such services. There are numerous signs of patients being dissatisfied with the profession due to the fact that the treatment planned, with improved methods and techniques is beyond their income, therefore no service is rendered. The dentist has one obligation to the public regardless, and that is to relieve pain. It is my belief that any dentist who does not subscribe to this and practice such, because of the time element or financial gain, is in violation of his duty, and thereby contributes much to socialist thinking.

I feel that if we had a state-wide credit plan for our patients, the patient would benefit, as would the dentist. I do not suggest that this be one state-wide plan. I think that it should be state-wide in scope yet operated independently in each town and county. To have such a plan would help us keep abreast of our modern times. The public is educated to credit. Think of the sales that are dependent on credit alone. We have such plans in use of dentists in our state today. With this in use almost any type of dentistry can be offered and rendered to the public. I would not suggest that every person who comes to you be eligible for this is a matter of business. Many dentists today, including myself, could more easily weather this present recession had we in operation a good reserve credit plan to accommodate the good credit that is sought by the public. To deny the honest working man credit sows the seed of dissatisfaction with the profession and the dentist. I feel that to preserve our way we must be able to adjust to the methods and times.

RECOMMENDATION: That we urge dentists to use the Credit Plan and supply information regarding its use.

(2) We as a profession have an obligation to the public to participate in the School Health Coordinating Service, Veterans Administration, and Industrial Commission programs, and that we do this knowing the fees. I am the first to admit that the fees are low. But we have sought ways to have adjustments made. I do not feel that these fees should be at such a level that we would gladly give up our private practice to do this work exclusively. On the other hand, they must, by necessity, be maintained at a level whereby any dentist can and should render service under any fee-designated program.

RECOMMENDATION: That we seek adjustment of fees from all agencies not reported in committee reports at this meeting.

(3) Knowing that there are now over a million persons covered by some type of health insurance, I think the public is well educated to this type of program. The field that we as dentists are interested in is the one applying to labor unions. As Dr. Lyons reminded us last year, a

complete dental program is a fringe benefit of the Taft-Hartley labor law. Should labor want such a program in North Carolina, they can find dentists to operate it. I urge this session of the North Carolina Dental Society to make the necessary plans so that we may be ready with OUR plan when such a request, or demand, is made. Only by our actions, and forethought, can we hope to hold such a program within the bounds of our society.

RECOMMENDATION: That plans be immediately initiated to form a Dental Service Corporation.

(4) I would remind all officers of this society, as well as its members, to be alert to all legislation, both on a state and national level. For example, we have spent more time on Medicare than on all other committees combined, and I want to thank this Committee and our Executive Secretary for their work. They have fought a delaying action, yet it is still the law of the land. I trust that the American Dental Association will be alert to other legislation affecting the dentists and public.

In concluding this address I wish to express to the members my deep appreciation for the co-operation that you have given me as your President. Your friendly and warm comradeship has helped dispel the difficulties, and the path has proved a pleasant one. You have answered promptly and whole-heartedly every call I made on you for service. The past year has heartened me with rich experiences and has brought me many new and wonderful friendships which are now among my most cherished possessions. God bless you all, and may each of you continue to enjoy life at its best.

Rear Admiral Ralph W. Malone, Chief of the Navy Dental Corps and a native North Carolinian, was honored by the Society at its 102nd Annual Session, for his distinguished career and his contributions to Naval Dentistry. L. to R.—President Ralph D. Coffey, Cecil A. Pless, who delivered the tribute to the Admiral; Mrs. Malone; Admiral Malone; and Frank O. Alford, who presented a silver bowl in behalf of The Society.



Report of the Secretary- Treasurer

LUTHER H. BUTLER, D.D.S.
Greensboro, N. C.



DR. BUTLER

NORTH CAROLINA DENTAL SOCIETY AUDIT REPORT, FISCAL YEAR ENDED, MAY 31, 1958

Greensboro, North Carolina
June 18, 1958

The Officers and Directors
North Carolina Dental Society
Raleigh, North Carolina

Gentlemen:

I have examined the books and records of the North Carolina Dental Society for the fiscal year ended May 31, 1958. My report consisting of balance sheets and statements of receipts and disbursements for the General Fund, the Relief Fund, and the Development Fund, together with supporting schedules, is submitted herewith.

Cash in banks and savings accounts in savings and loan association have been confirmed by the depository institutions. U. S. Treasury Bonds are in a safe deposit box in the First-Citizens Bank and Trust Company, Raleigh, North Carolina, and have been confirmed by examination. Recorded receipts have been traced into the bank. Cancelled checks and paid invoices have been examined and found in order and reasonably classified.

Pursuant to past practice, the value of office furniture and equipment is not reflected in the books of account nor on the accompanying statements. However, this class of assets is of appreciable value and it is recommended that the cost of these assets be determined and recorded as an asset of the Society.

Inasmuch as the records are maintained on the cash basis, members' arrears and liabilities, if any, are not reflected in the balance sheet.

Respectfully submitted,

LOUIS N. HAND, JR.
Certified Public Accountant

NORTH CAROLINA DENTAL SOCIETY
Raleigh, North Carolina

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Schedule 4.....	Reconciliation of Bank Accounts
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Balance Sheet — General Fund

May 31, 1958

Exhibit A

ASSETS

Cash in Bank—Exhibit B (Note 1).....	\$12,775.90
Savings Account—First Federal Savings and Loan Association, Durham, North Carolina.....	1,000.00
U. S. Treasury Bonds—at cost—Schedule 1.....	6,102.00
	<hr/>
	\$19,877.90

LIABILITIES

Fund Balance: (Note 2)		
Balance—June 1, 1957.....	\$17,884.78	
Add:		
Receipts over Disbursements.....	2,593.74	
Maturity Value of Matured Bond Over Cost....	260.00	\$20,738.52
	<hr/>	
Less:		
Special Account Disbursements Over Receipts..\$	117.32	
Savings Account Transferred		
To Development Fund.....	743.30	860.62
	<hr/>	
		\$19,877.90

NOTE 1

Includes \$314.07 of restricted funds of the Prosthetic Dental Service Committee.

NOTE 2

An appropriation to the Development Fund of \$1,081.25, 5% of net dues for 1957-58, is anticipated as of June 1, 1958.

Statement of Receipts and Disbursements—General Fund
For the Year Ended May 31, 1958

Exhibit B

Bank Balance, June 1, 1957.....	\$10,182.16
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RECEIPTS:

Dues.....	\$46,736.50
Annual Session	5,840.00
Journal	3,395.00
Sales of Society History.....	9.00
Expense Reimbursements.....	35.10
Bond Matured.....	1,000.00

REPORT OF THE SECRETARY-TREASURER

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Sales—Dental Formulary.....	\$	511.50	
Transfer of Funds (Contra).....		762.00	
Interest		5.71	\$58,294.81
			<hr/>
Total Available Funds.....			\$68,476.97

DISBURSEMENTS:

Dues Remitted:			
American Dental Association.....	\$19,541.50		
A.D.A. Relief Fund.....	1,033.00		
First District	1,149.00		
Second District.....	1,120.00		
Third District	1,065.00		
Fourth District.....	670.00		
Fifth District.....	476.00		
Refunds	47.00		
North Carolina Dental Society Relief.....	10.00		
			<hr/>
Total Dues.....	\$25,111.50		

Administrative Expense:

Salary-Executive Secretary.....	\$7,200.00		
Assistant	3,180.00		
Other	346.32		
Social Security.....	161.45		
Office Rent.....	1,200.00		
Utilities	343.85		
Office Supplies.....	721.13		
Travel-Executive Secretary.....	975.67		
Telephone	361.50		
Newsletter	147.29		
Postage	375.14		
Insurance	193.15		
Clipping Service.....	120.00	15,325.50	

Journal:

Printing and Engraving.....	\$2,714.01		
Photo Supplies	120.57		
Postage	40.00	2,874.58	

Annual Session (Schedule 2)		6,264.69	
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OTHER:

Dental Foundation.....	\$	130.00	
Committees	1,176.90		
Bank Charges.....	7.40		
Audit	150.00		
District Officers Conference.....	105.90		
Memberships	36.00		
Proceedings	1,452.38		
Investment—First Federal Savings and Loan.....	1,000.00		
Transfer of Funds (Contra).....	762.00		
Development Fund Appropriation..	1,000.50		
President's Expense.....	113.90		
Miscellaneous	189.82	6,124.80	

Total Disbursements.....		55,701.07	
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Bank Balance, May 31, 1958 (To Exhibit A).....	\$12,775.90		
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Special Account — General Fund

Exhibit C

STATEMENT OF RECEIPTS AND DISBURSEMENTS

For the Year Ended May 31, 1958

Bank Balance—June 1, 1957.....	\$	117.32	
Receipts		None	

Disbursements:

2 Walnut Chairs No. 7711.....	\$ 72.30
1 Walnut Table No. 18T.....	21.43
2 Esterbrook Desk Sets.....	4.78
Framing for map.....	18.81

Total Disbursements.....\$ 117.32

Bank Balance—May 31, 1958.....None

U. S. Treasury Bonds — General Fund

May 31, 1958

Schedule 1

Serial Number	Date Acquired	Cost	Maturity Value	Maturity Date
M1476155F	Nov. 47	\$ 740.00	\$1,000.00	Nov. 59
M1476157F	Nov. 47	740.00	1,000.00	Nov. 59
M1476158F	Nov. 47	740.00	1,000.00	Nov. 59
M1476159F	Nov. 47	740.00	1,000.00	Nov. 59
M1476160F	Nov. 47	740.00	1,000.00	Nov. 59
M1476161F	Nov. 47	740.00	1,000.00	Nov. 59
C40545J	Jan. 54	74.00	100.00	Jan. 66
C40546J	Jan. 54	74.00	100.00	Jan. 66
C40547J	Jan. 54	74.00	100.00	Jan. 66
Q22367J	Jan. 56	18.00	25.00	Jan. 68
C168915J	Jan. 56	72.00	100.00	Jan. 68
C168916J	Jan. 56	72.00	100.00	Jan. 68
C168917J	Jan. 56	72.00	100.00	Jan. 68
Q60612J	Nov. 56	18.00	25.00	Nov. 68
Q60613J	Nov. 56	18.00	25.00	Nov. 68
Q60614J	Nov. 56	18.00	25.00	Nov. 68
C169985J	Nov. 56	72.00	100.00	Nov. 68
D22068J	Nov. 56	360.00	500.00	Nov. 68
M178508J	Nov. 56	720.00	1,000.00	Nov. 68
		<u>\$6,102.00</u>	<u>\$8,300.00</u>	

1958 Annual Session Expenses

Schedule 2

CONVENTION COMMITTEE

Stenotypist	\$ 376.63	
January Meeting Expense.....	49.02	
Mimeo Supplies.....	52.07	
Registration (Registrars, Ribbons, Badges).....	235.71	
Signs	49.56	
Transportation (Tips-meals-insurance).....	120.50	
Flowers	102.88	
Staff—Hotel expenses	311.79	
Special guests—hotel expenses.....	100.09	
Presentations	100.36	\$ 1,498.61

EXHIBITS COMMITTEE

Prizes	\$ 210.38	
Exhibit Space	1,103.00	
Printing	30.65	1,344.03

ENTERTAINMENT COMMITTEE

Floor Show and Orchestra.....	\$ 1,021.00	
Reception and Banquet.....	334.28	
Entertainment Out of State Visitors.....	41.13	1,396.41

HOUSING COMMITTEE

59.95

NECROLOGY COMMITTEE

72.20

PROGRAM COMMITTEE		
Printing and Postage.....	\$ 247.33	
Clinicians—Honorariums and Travel.....	890.11	
Visual Education and Scientific Exhibits.....	95.69	
Sound System.....	150.00	1,383.13
		<hr/>
MONITOR COMMITTEE		18.00
PUBLICITY COMMITTEE		
Newspaper Mats.....	\$ 31.12	
A. C. Snow — Honorarium — Travel — Hotel Expense	173.79	
Photo Supplies.....	40.45	245.36
		<hr/>
CLINIC (including Superintendent of Clinics)		
Committee		7.73
HOUSE OF DELEGATES		68.36
GOLF COMMITTEE PRIZES	\$ 97.82	
Guest Speaker.....	43.00	140.82
		<hr/>
SKEET-SHOOT COMMITTEE		30.09
		<hr/>
Total Annual Session Expenses.....		<u>\$6,264.69</u>

Balance Sheet — Relief Fund

Exhibit D

May 31, 1958

ASSETS

Cash in Bank—Exhibit E.....	\$ 2,009.78
Investment—First Federal Savings and Loan Association, Durham, North Carolina.....	1,436.37
U. S. Treasury Bonds—Series F—Maturity Value \$14,825.00—at cost—Schedule 3.....	10,885.00
	<hr/>
	<u>\$14,331.15</u>

LIABILITIES

Fund Balance:	
June 1, 1957.....	\$13,473.62
Receipts over Disbursements for the Year.....	857.53
	<hr/>
May 31, 1958.....	<u>\$14,331.15</u>

Relief Fund

Exhibit E

STATEMENT OF RECEIPTS AND DISBURSEMENTS

Fiscal Year Ended May 31, 1958

BALANCE—Security National Bank—June 1, 1957	\$ 2,588.62
CASH RECEIPTS:	
Scrap Amalgam.....	\$ 1,787.28
A.D.A. Share Christmas Seal Receipts.....	950.25
Re-instatement Fees.....	10.00
	<hr/>
	2,747.53
	<hr/>
	\$ 5,336.15
CASH DISBURSEMENTS:	
A.D.A. Special Relief Fund.....	\$ 1,890.00
Investment—First Federal Savings and Loan Association, Durham, North Carolina.....	1,436.37
	<hr/>
	3,326.37
Cash Balance—Security National Bank	
May 31, 1958 (To Exhibit E).....	<u>\$ 2,009.78</u>

U. S. Treasury Bonds — Relief Fund
May 31, 1958

Schedule 3

Serial Number	Acquired	Cost	Maturity Value	Maturity Date
M1338950F	Oct. 46	\$ 740.00	\$1,000.00	Oct. 58
M1476164F	Nov. 47	740.00	1,000.00	Nov. 59
M1686901F	Aug. 50	740.00	1,000.00	Aug. 62
M1686902F	Aug. 50	740.00	1,000.00	Aug. 62
M1686903F	Aug. 50	740.00	1,000.00	Aug. 62
V11338J	Jan. 54	3,700.00	5,000.00	Jan. 66
D18386J	Jan. 54	370.00	500.00	Jan. 66
Q17164J	Jan. 54	18.50	25.00	Jan. 66
Q17165J	Jan. 54	18.50	25.00	Jan. 66
M173548J	May 55	720.00	1,000.00	May 67
C153116J	May 55	72.00	100.00	May 67
C153117J	May 55	72.00	100.00	May 67
C153118J	May 55	72.00	100.00	May 67
C153119J	May 55	72.00	100.00	May 67
M198562J	Dec. 55	720.00	1,000.00	Dec. 67
C206330J	Dec. 55	72.00	100.00	Dec. 67
C206331J	Dec. 55	72.00	100.00	Dec. 67
C206332J	Dec. 55	72.00	100.00	Dec. 67
Q73231J	Dec. 55	18.00	25.00	Dec. 67
Q73232J	Dec. 55	18.00	25.00	Dec. 67
Q73233J	Dec. 55	18.00	25.00	Dec. 67
D22067J	Nov. 56	360.00	500.00	Nov. 68
M178507J	Nov. 56	720.00	1,000.00	Nov. 68
Total (To Exhibit D)		<u>\$10,885.00</u>	<u>\$14,825.00</u>	

Balance Sheet — Development Fund
May 31, 1958

Exhibit F

ASSETS

Savings Account—First Federal Savings and Loan Association \$ 1,802.09

LIABILITIES

Fund Balance—For Permanent Improvements..... \$ 1,802.09

Receipts and Disbursements — Development Fund
For The Year Ended May 31, 1958

Exhibit G

RECEIPTS:

Savings Account—First Citizens Bank and Trust Co.
Transferred from General Fund as of June 1, 1957.....\$ 743.30
Interest received on bank savings account..... 18.70
Dividend received—Savings and Loan Account..... 14.59
Appropriation from General Fund—5% of net dues for
1956-57 1,000.50
S. E. Moser..... 25.00

Total Receipts..... \$1,802.09
DISBURSEMENTS NONE

BALANCE—First Federal Savings and Loan Association,
Durham, N. C..... \$1,802.09

Reconciliation of Bank Accounts

May 31, 1958

Schedule 4

GENERAL FUND: First-Citizens Bank & Trust Co., Raleigh, N. C.

Balance per bank statement.....\$14,530.08

ADD:

Deposit in transit.....128.50

\$14,658.58

DEDUCT: Outstanding checks

Number	Payee	Amount	
926	Treasurer, Fifth District.....	\$ 19.00	
935	Wm. Daniel's Photo Service.....	9.30	
936	Bob Allen.....	5.15	
938	A. M. Cunningham.....	100.00	
939	Gouger & Veno.....	150.00	
941	N. C. Medical Society.....	100.00	
942	A. M. Cunningham.....	494.90	
943	Mira Riddle.....	220.84	
944	Dorothy F. Cunningham.....	24.44	
945	A. M. Cunningham.....	10.50	
946	A. M. Cunningham.....	21.65	
947	Hemmer's Photo Shop.....	26.00	
948	Dental Foundation of N. C.....	10.00	
949	Mrs. V. A. Black.....	45.00	
950	Ralph D. Coffey.....	113.90	
951	N. C. Pharmaceutical Assn.....	335.38	
952	Smith Studios.....	46.80	
953	First-Citizens Bank & Trust.....	149.82	1,882.68

Cash in Bank, May 31, 1958.....\$12,775.90

RELIEF FUND: Security National Bank, Raleigh, N. C.

Balance per bank statement.....\$ 2,167.28

LESS: Outstanding Check

No. 27 American Dental Association Relief Fund.....157.50

Cash in bank—May 31, 1958.....\$ 2,009.78

Dr. Ernest A. Branch, Director Division of Oral Hygiene, speaking before the District Officers' Conference at its breakfast meeting, 102nd Annual Session. The dental members of the county boards of health were special guests of the Conference at the meeting, and heard their responsibilities outlined by Dr. Z. L. Edwards, dental member of the State Board of Health.



Report of the Editor- Publisher

FRANK G. ATWATER, D.D.S.
Greensboro, N. C.



DR. ATWATER

During the past three years that I have served as your Editor, being appointed to the office by the Executive Committee, I have tried to perform my duties to the best of my ability. Each year three issues of the JOURNAL have been printed and one issue of the Proceedings. During the months that the JOURNAL was not published, a very popular NEWSLETTER was mailed to the membership.

This year the Executive Committee appointed Dr. Clint C. Diercks of Morganton as Associate Editor. Dr. Diercks has been extremely helpful to the Editor in performing the many duties of the office. I am sure the quality of the JOURNAL and related publications will improve under his leadership.

A school for Editors was held in Greensboro with Dr. Frank Atwater presiding. Managing Editor Andrew M. Cunningham did a superb job of presenting the business side of the JOURNAL with its many problems of advertising, makeup and mailing.

I am very grateful to my fellow editors and officers for all the help and support they have given me in carrying out my duties during the past three years. All of the officers of the North Carolina Dental Society have co-operated whenever they were called upon for written material or for suggestions in carrying out editorial policies. The entire membership has been most kind and gentle, and sometimes complimentary. Andy Cunningham has really made my work look good and if it had not been for the work that he and Mira Riddle did in the central office, I don't know how I would have made it during the past three years. Since this is my last year as Editor, I wish my successor the very best of everything. With people like this backing him up, he will have it.

RECOMMENDATIONS:

This report is informational in nature and no recommendations are submitted.

FRANK G. ATWATER
Editor-Publisher

Action by the House of Delegates: Accepted by title May 4, 1958.

Report of the Executive Secretary

ANDREW M. CUNNINGHAM
Raleigh, N. C.



MR. CUNNINGHAM

April 30, 1958

What has been done in behalf of organized dentistry in North Carolina during the past year is summarized in the committee reports in the "Blue Book." I commend them to you for careful reading and study. A good many of the committees, and particularly the chairmen, "burned the midnight oil" in their serious concern for the affairs of the North Carolina Dental Society. The results of their labors do the society and them credit, as you will find when you read their reports.

Great strides have been made in the organization of the central office, and what consumed a lot of time two and a half years ago when the office first opened, has now become routine. As a result your Executive Secretary has been able to render more efficient service to committees. This is as it should be. Committee work is a most important phase of the society's activities and your Executive Secretary has worked closely and in co-operation with virtually every one of the 43 standing and special committees.

Therefore, aside from routine administrative details connected with the operation of the central office, the great bulk of work completed by your central office staff this past year, had to do with the work of committees. The results are contained in the reports. Therefore, I shall confine my remarks to other areas of my work this year, which, among other things, took me, in your behalf, not only the length and breadth of the state, but to Chicago, Atlanta, and Miami.

In the central office the membership records, a project begun in October 1955, are over 90 per cent complete. This will be of tremendous help to the History Committee when it publishes the next issue of the *History of the North Carolina Dental Society*. There are still 107 members who have not sent in their biographical questionnaires, however.

Our method of dues collection seems to be working better each year.

As of March 31, 1958—1,041 members had paid their dues and only 17 were delinquent. Last year on the same date, only 1,002 had paid their dues and there were 25 delinquents.

The amount of ingoing and outgoing mail at the central office is mounting voluminously each year. Through April 18 we had received 3,543 pieces of mail and had sent out 26,628 pieces.

Perhaps one of the most rewarding tasks I have is the responsibility for publishing and editing the *Newsletter*. Eight issues were sent to the members this past year. I have appreciated the many kind comments and also the constructive criticisms received from countless members. From the response, this publication is proving to be a popular one. At least it is being read by a majority of the members. I think this is because of its brevity, and we intend to keep it brief for this reason. It is one of the best means of keeping the membership informed.

Last June I attended the 9th State Secretaries' Management Conference in the ADA Headquarters in Chicago where I took part in a workshop discussion on the Dental Laboratory Problem and presented a paper on "Dental Laboratory Accreditation at the State Level." Secretary-Treasurer Luther H. Butler also represented the North Carolina Dental Society at this meeting. From every standpoint, this is one of the most valuable meetings your Executive Secretary attends. Secretaries and Executive Secretaries get in a huddle each year and share their problems and ideas at these meetings. It presents a wonderful opportunity to find out what is going on in organized dentistry at a state level all over the nation and to hear how others are solving the thousand and one problems inherent in the administration of a state society.

At the invitation of the Southern Regional Educational Board Dr. S. H. Steelman and I attended a conference in Atlanta, August 13-14. Representatives of dental societies in 16 southeastern states were at this meeting when the findings and recommendations of the SREB's commission on dental manpower in the south were first revealed.

During September and October I attended the annual meetings of all five district societies in the state. I would like to thank all district officers and members for their many kindnesses and courtesies extended me and Mrs. Cunningham at these meetings and to commend the districts for the excellence of the programs and the dispatch and efficiency with which they were conducted.

In November I was privileged to sit with the North Carolina delegation in the ADA House of Delegates in Miami. I also represented the society at the annual meeting of the American Association of Dental Editors and the State Secretaries' Conference which were held in connection with the 98th Session of the ADA in Miami.

I assisted the officers of the District Officers Conference in arranging and presenting their fifth annual meeting in Greensboro, November 23 and 24, and spoke to the members of the conference on "The Importance of Good Committee Structure."

On December 5, in Concord I spoke to the Cabarrus County Dental Society on the affairs of the society, briefing them on what was taking place on state and national levels in organized dentistry. Also, in December I was a guest of the North Carolina Dental Foundation, Inc., at their annual luncheon in Chapel Hill. I am grateful for their courtesy in this regard.

On January 28 I was invited to speak to the Blue Ridge Dental Society at its monthly meeting in Elkin where I reviewed the work of the society in various areas.

At the invitation of Governor Hodges, I attended a meeting of the Governor's Conference on Occupational Health, in Chapel Hill, February 6.

These are some of the highlights of what has been a very interesting year for me, and I hope a fruitful one for the society. I cannot close this report without expressing my grateful thanks to all with whom I have worked during the year, directly and indirectly. Especially would I



The Commercial Exhibits at the 102nd Annual Session attracted the attention of all the dentists. Here are a few scenes from the Exhibit Area.

thank the officers and the executive committee with whom I naturally worked more than anyone else. It has been a pleasant service to work with them and I hope I have been instrumental in some small measure in assisting them in the administration of what I think has been a successful year in the history of the North Carolina Dental Society.

My thanks also to my assistant, Miss Mira Riddle, for her interest and loyalty. Her constant attention to her many duties in the central office has made my job that much easier and I am extremely grateful. The society is fortunate in having her on its central office staff.

The door of the central office is ever open to members whenever they are in Raleigh. Please drop by to see us whenever you can. We would be delighted to see you and to render whatever service we can.

ANDREW M. CUNNINGHAM
Executive Secretary

Action by the House of Delegates: Accepted by title May 7, 1958.

Minutes of Executive Committee

May 8, 1957
June 1, 1957
July 18, 1957
September 29, 1957
October 7, 1957
January 11, 1958
January 12, 1958

M. H. TRULUCK, D.D.S.,
Chairman

CAROLINA HOTEL, PINEHURST, N. C.
May 8, 1957

The Executive Committee of the North Carolina Dental Society convened at twelve-fifteen in the Bridge Room of The Carolina, Pinehurst, North Carolina on Wednesday, May 8, 1957, immediately following the close of the 101st annual session of the Society.

Members of the Executive Committee present were: Doctors Ralph D. Coffey, S. Everett Moser, Daniel T. Carr, Luther H. Butler, Moultrie H. Truluck, R. B. Barden, and E. A. Pearson, Jr.

Others present were: Dr. Frank G. Atwater, Editor-Publisher; Dr. Horace K. Thompson, immediate Past President; Mr. Andrew M. Cunningham, Executive Secretary; and Miss Mira Riddle, assistant to the Executive Secretary.

The meeting was called to order and opened with prayer by President Coffey.

Dr. Coffey welcomed the new members of the Executive Committee—Dr. S. E. Moser, President-Elect; Dr. D. T. Carr, Vice President; and Dr. M. H. Truluck, Chairman of the Executive Committee.

Dr. Coffey presented the gavel to Dr. Truluck who then presided at the meeting.

Dr. Atwater, Mr. Cunningham and Miss Riddle were excused briefly and the committee met in executive session to appoint the Executive Secretary and Editor-Publisher for the coming year.

Mr. Andrew M. Cunningham was unanimously appointed Executive Secretary for the year 1957-58 on motion by Dr. Carr, seconded by Dr. Coffey and duly carried.

Dr. Frank G. Atwater was unanimously appointed Editor-Publisher for the year 1957-58 on motion by Dr. Pearson and seconded by Dr. Butler and duly carried.

On motion by Dr. Pearson, seconded by Dr. Moser and duly carried, the reading of the minutes of the two meetings held January 6, 1957 were deferred until the next meeting of the Executive Committee.

The Secretary-Treasurer's Report of April 30, 1957, having been approved by the House of Delegates in session May 6, was not read.

On motion by Dr. Coffey, seconded by Dr. Pearson and duly carried, the Secretary-Treasurer was authorized and instructed to pay all bills due for the 101st Annual Session.

On motion by Dr. Moser, seconded by Dr. Coffey, and duly carried, the Executive Committee approved an appropriation not to exceed \$2,000.00 for the Program Committee for the 102nd Annual Session.

On motion by Dr. Coffey, seconded by Dr. Butler and duly carried, the Executive Secretary was authorized to attend the Secretaries' Management Conference in the ADA headquarters in Chicago, June 10-12, 1957. It was noted by Dr. Coffey that Mr. Cunningham has been invited to be one of the speakers at the conference.

On motion by Dr. Moser, seconded by Dr. Butler and duly carried, Brunswick County was transferred from the Fourth District to the Fifth District; and Scotland County was transferred from the Third District to the Fourth District. Communications from the Districts involved were received requesting and agreeing with this transfer.

On motion by Pearson, seconded by Dr. Coffey and duly carried, the Executive Committee approved an appropriation necessary to defray the cost of printing the State Constitution and By-Laws.

Mr. Cunningham notified the committee that the 200 square feet of office space directly in front of the central office would probably again become available for rent shortly at an additional cost of \$25.00 per month. Dr. Pearson then emphasized that it was not needed at this time but there was a possibility that it would be needed in the very near future; he pointed out, however, that in the past year or two there had been some undesirable tenants occupying this space and recommended that the Society consider renting it as a "protection."

On motion by Dr. Coffey, seconded by Dr. Carr and duly carried, the Secretary-Treasurer and the Executive Secretary were authorized to secure this additional space if and when it became available provided the expense of any necessary renovation (including the construction of a connecting doorway) be borne by the owner of the property.

It was agreed that the next meeting of the Executive Committee would be held at the central office in Raleigh, June 1 and 2.

The Secretary-Treasurer was instructed to abide by the request of the House of Delegates and in the future to include in the minutes of the Executive Committee the names of members making motions and those seconding motions.

The Chairman of the Executive Committee instructed the Executive Secretary to have the necessary stationery printed for the coming year.

On motion by Dr. Pearson, seconded by Dr. Coffey and duly carried, the Executive Committee instructed the Secretary-Treasurer to pay \$200.00 to the Medical Society of the State of North Carolina before the end of this fiscal year. This amount was requested by the Rural Health Affairs Committee, to help support the Medical Society's State-wide program of Rural Health Conferences in which the Dental Society was invited to participate. The request was approved by the Executive Committee January 6, 1957.

There being no objection, the chairman of the Executive Committee directed the Secretary-Treasurer to designate \$500.00 from the income of this fiscal year for the use of the Dental Formulary Committee for the printing of the *Dental Formulary* in conjunction with the North Carolina Pharmaceutical Association. The request for funds was previously approved by the Executive Committee at its January 6, 1957, meeting.

The Executive Secretary reported that the \$743.30 donated to the North Carolina Dental Society by the Past Veterans' Association had been transferred from the General Fund to the Sinking Fund; and that the money was now on deposit in a savings account in the First Citizens' Bank and Trust Company in Raleigh, and will draw 3 per cent interest. In a letter dated January 18, 1957, addressed to Dr. Luther Butler, Secretary-Treasurer, Dr. Ralph L. Falls requested on behalf of the Past Veterans' Association that their donation of \$743.30 be used as the initial gift to the Sinking Fund established by action of the Executive Committee (see *Minutes* of September 16, 1956) for the purpose of financing the purchase of property and the erection of a building for the Central Office at some future date.

On motion by Dr. Pearson, seconded by Dr. Barden and duly carried, it was voted to table until the next meeting of the Executive Committee the matter of transferring 5 per cent of this year's income from dues from the General Fund to the Sinking Fund.

On motion by Dr. Coffey, seconded by Dr. Pearson and duly carried, the matter of transferring \$500.00 from the General Fund to the Relief Fund was tabled until the next meeting of the Executive Committee.

On motion by Dr. Coffey, seconded by Dr. Carr and duly carried, the Secretary-Treasurer was instructed to write the Governor of North Carolina, the Honorable Luther H. Hodges, recommending that Dr. Zeno L. Edwards, Sr., of Washington, North Carolina, be appointed as dental member of the State Board of Health on the expiration of the term of Dr. A. C. Current, Sr., of Gastonia. Dr. Moser on his request was excused from the meeting during the discussion and voting on this matter.

There being no further business, the meeting was adjourned on motion by Dr. Pearson, seconded by Dr. Coffey and duly carried.

LUTHER H. BUTLER
Secretary-Treasurer

Read and approved June 1, 1957

CENTRAL OFFICE, RALEIGH, N. C.

June 1, 1957

The Executive Committee convened in the Central Office in Raleigh, Saturday, June 1, 1957, with Dr. Truluck presiding.

Dr. Truluck called the meeting to order at 8:40 p.m. and Mr. Cunningham led the group in prayer.

The following Committee members were present: Dr. Moultrie H. Truluck, Chairman; Dr. Ralph D. Coffey; Dr. S. E. Moser, Dr. Daniel T. Carr, Dr. Luther H. Butler, Dr. E. A. Pearson, Jr., and Dr. R. B. Barden.

Others present were: Dr. Frank G. Atwater, Editor-Publisher; Mr. Andrew M. Cunningham, Executive Secretary and Miss Mira Riddle, Assistant to the Executive Secretary.

The minutes of the Joint Meeting, January 6, 1957, and the regular meetings of January 6, 1957, May 5, 1957, May 8, 1957, were read and approved.

The financial report of the Secretary-Treasurer as of May 31, 1957 showed the following balances on hand: General Fund, \$10,207.16; Relief Fund, \$2,588.62; Special Account \$117.32; and Sinking Fund \$743.30. The maturity value of government bonds held in reserve in the General Fund totalled \$9,300.00, and in the Relief Fund \$14,825.00. On motion by Dr. Barden, seconded by Dr. Coffey and duly carried, the report was approved.

On motion by Dr. Barden, seconded by Dr. Carr, it was stipulated that Doctor E. A. Pearson, Jr., a member of the Executive Committee and Mr. A. M. Cunningham, Executive Secretary, would have access in the presence of each other to the safety deposit box No. 405, rented in the name of the North Carolina Dental Society, at the First-Citizens Bank and Trust Company of Raleigh, where all bonds held in reserve by the Society are deposited. This arrangement would be effective until changed by the Executive Committee.

On motion by Dr. Carr, seconded by Dr. Coffey, the Secretary-Treasurer was authorized to invest in Building and Loan stock the money now held in the Sinking Fund.

On motion by Dr. Coffey, seconded by Dr. Pearson, and duly carried, the Secretary was instructed to transfer 5 per cent of all money received for state dues during the fiscal year 1956-57 to the Sinking Fund.

On motion by Dr. Pearson, seconded by Dr. Coffey the Executive Secretary was instructed to inquire of the ADA the proper procedure for reporting deaths of members of the Society.

On motion by Dr. Coffey, and seconded by Dr. Barden and duly carried, discussion pertaining to the transfer of money from the General Fund to the Relief Fund was tabled.

On motion by Dr. Butler, seconded by Dr. Carr, Dr. Pearson was appointed to act as Secretary-Treasurer and sign all checks in the contemplated absence of Dr. Butler during the months of August and September 1957, during which time Dr. Butler will be attending the 12th International Dental Congress of the Federation Dentaire Internationale in Rome, Italy, September 7-14.

On motion by Dr. Butler, seconded by Dr. Carr and duly carried, it was voted that the Society notify the Dental Foundation in the case of the death of a member and that \$10.00 be sent to the Foundation in lieu of flowers in memory of the deceased member.

Mr. Cunningham read a letter from the Governor's Office of the State of North Carolina dated May 17, 1957. On motion by Dr. Pearson, seconded by Dr. Carr and duly carried, it was voted to include the letter in the minutes for information. It follows:

"May 17, 1957. Dr. Luther H. Butler, Secretary-Treasurer, North Carolina Dental Society, Post Office Box 11065, Raleigh, North Carolina. Dear Dr. Butler: Governor Hodges has asked me to thank you for your letter of May 14, conveying to him the results of action taken by the Executive Committee of the North Carolina Dental Society with respect to Dr. Zeno L. Edwards, Sr., replacing Dr. A. C. Current, Sr., as the dental member of the State Board of Health. The Governor also asked me to say that he appreciates your furnishing him this information and he will certainly keep it in mind when he makes appointments to the Board of Health. Sincerely, /s/ Paul A. Johnston, Paul A. Johnston, Administrative Assistant."

On motion by Dr. Barden, seconded by Dr. Butler, and duly carried, it was voted to make a matter of record the results of the mail ballot of January 23, 1957, relative to sending a resolution favoring the Jenkins-Keogh Bill to the entire congressional delegation from North Carolina. It was reported that ballots were received from all members of the Executive Committee and all members favored sending the resolution. Mr. Cunningham reported that this was done on January 30, 1957.

On motion by Dr. Pearson, seconded by Dr. Coffey and duly carried, the Executive Secretary was directed to contact the manager of The Carolina in Pinehurst relative to the rates for rooms for members attending and also the charge to be made for exhibit space at the 1958 Annual Session by the hotel. It was reported there had been complaints to the effect that rooms at the hotel during the Annual Session cost as much or more than during the regular season. Mr. Cunningham reported that The Carolina in Pinehurst had confirmed the dates of May 4-7, 1958, and May 3-6, 1959, for the Annual Session of the North Carolina Dental Society for the next two years.

The membership record of Dr. R. M. Patterson of Concord was reviewed by the Executive Committee. On motion by Dr. Coffey, seconded by Dr. Pearson, and duly carried, Dr. Patterson was declared a state life member.

On motion by Dr. Pearson, seconded by Dr. Carr and duly carried, the 1957 state dues of Dr. Homer C. Jamison were waived in view of the fact that he is currently engaged in post graduate study at the University of Michigan and has a graduate student membership for 1957 with the ADA.

On motion by Dr. Pearson, seconded by Dr. Carr and duly carried, it was voted that an appropriation be made to the Library and History Committee, for the purpose of writing and publishing a history of the North Carolina Dental Society. The amount is to be determined after a recommendation is submitted to the Executive Committee by the Library and History Committee as to the estimated cost of the project, and the total is to be prorated over the next several fiscal years.

On motion by Dr. Coffey, seconded by Dr. Carr and duly carried, it was voted to employ Graham DeVane, C.P.A., of Morganton, North Carolina, to audit the books of the Secretary-Treasurer for the fiscal year 1956-57 at the same fee charged for this service last year (\$140.00).

Dr. Butler reported that he had investigated the possibility of exchanging scrap amalgam for mercury on a pound-for-pound basis as a means of increasing the revenue to the Relief Fund as instructed by the Executive Committee, October 23, 1956. He recommended that this idea be abandoned since it would virtually place the Auxiliary in the mercury business in competition with the dental supply houses.

On motion by Dr. Barden, seconded by Dr. Butler and duly carried, the Secretary-Treasurer was instructed to conduct a survey of dental fees

among the dentists in North Carolina. The results of this survey are to be used by the appropriate committees in future negotiations with the Veterans Administration, the Industrial Commission and other agencies, private and public, which involve dental fee schedules.

On motion by Dr. Coffey, seconded by Dr. Pearson and duly carried, the Executive Committee approved a request from the Dental Foundation that the membership be urged to use memorial cards with the Dental Foundation in lieu of flowers in the event of the death or sickness of a member. Dr. Coffey stated that the cards could also be used in the case of special honors awarded individual dentists.

On motion by Dr. Pearson, seconded by Dr. Barden and duly carried, it was voted that the President with the approval of the Editor-Publisher appoint an Associate Editor-Publisher.

In executive session and on motion by Dr. Butler, seconded by Dr. Carr and duly carried, the annual salary of the Executive Secretary for the fiscal year 1957-58 was raised from \$6,600.00 to \$7,200.00; and the Executive Secretary was authorized to pay his Assistant, Miss Mira Riddle, a monthly salary of \$265.00 per month.

On motion by Dr. Barden, seconded by Dr. Pearson and duly carried, the President was directed to appoint a Budget Committee, to be a Subcommittee of the Executive Committee, said Committee to prepare a budget for the fiscal year and submit it to the Executive Committee for approval.

Chairman Truluck announced that the next regular meeting of the Executive Committee would be held in Winston-Salem, September 29-30, 1957, at the annual meeting of the Second District Dental Society.

There being no further business, the meeting was adjourned at 1:30 a.m. on motion by Dr. Pearson, seconded by Dr. Butler and duly carried.

LUTHER H. BUTLER
Secretary-Treasurer

Read and approved September 29, 1957

HOTEL BARRINGER, CHARLOTTE, N. C.

July 18, 1957

The Executive Committee convened at the Hotel Barringer, Charlotte, North Carolina, at 6:30 p.m. Doctor Coffey presided and Doctor A. S. Bumgardner opened the meeting with prayer.

Members of the Executive Committee present were: Doctors M. H. Truluck, Chairman; Ralph D. Coffey, S. E. Moser, D. T. Carr, Luther H. Butler, E. A. Pearson, Jr., and R. B. Barden.

Charlotte dentists present were: Doctors Ralph F. Jarrett, A. S. Bumgardner, Elliott R. Motley, Edward U. Austin and Milo Hoffman.

Others present were: Dr. M. B. Bethel, Health Officer, City of Charlotte; Dr. J. Homer Guion, Secretary, North Carolina State Board of Dental Examiners; Dr. S. H. Steelman, Dr. C. C. Diercks, and A. M. Cunningham, Executive Secretary, North Carolina Dental Society.

Doctor Coffey called on Doctor Guion to give a brief resume of the facts in the Sanchez case. Doctor Guion explained that Enrique Deliz Sanchez, owner and operator of the Deliz Laboratory in High Point had filed suit July 2, 1957, in the Guilford Superior Court in High Point against the North Carolina State Board of Dental Examiners, contending that the Dental Practice Act of North Carolina as amended by the 1957 Legislature was unconstitutional.

Doctor Guion stated that the Board feels it is on safe ground. He said the amendments to the dental laws recently enacted were for the purpose of strengthening the law to protect the public against the illegal practice of dentistry and that sections of the new law were patterned after the Illinois law which has been successfully tested in the Supreme Court of that State and the decision upheld by the Supreme Court of the United States.

No date has been set for trial of the case as yet; but Doctor Guion thought it might be early fall before the court would try it.

Doctor Coffey explained that the purpose of this meeting was for the

Executive Committee to hear a presentation by the dentists of Charlotte relative to the problems involved in securing a dental health officer for the City of Charlotte. Doctor Coffey then called on Doctor Ralph F. Jarrett representing the Charlotte Dental Society, who in turn introduced Doctor M. B. Bethel, Health Officer of the City of Charlotte.

Doctor Bethel told the Executive Committee that it was impossible to secure a dental health officer because of the low pay authorized under the Compensation Plan of the Merit System Council. He pointed out the differential in pay for a physician compared with a dentist as specified by the Merit System.

He also cited the difficulties arising from the licensure requirements for a dental health officer as another factor contributing to the problem of the employment of a public health dentist.

He stated that although money was available, the City of Charlotte was prevented from supplementing salaries of public health dentists by the Merit System Rule and Law.

A question and answer period followed Doctor Bethel's presentation of the case.

In summary the representatives of the Charlotte Dental Society, asked the Executive Committee of the North Carolina Dental Society (1) to request the State Board of Health, the Division of Oral Hygiene and the State Merit System Council to either authorize higher salaries for public health dentists or permit local health departments to supplement salaries specified by the present Compensation Plan of the Merit System Council; and (2) to give consideration to modifying the requirement of licensure for a public health dentist.

Doctor Coffey thanked Doctor Bethel and the Charlotte dentists for their interest in dentistry and for bringing this problem to the attention of the Executive Committee.

Doctor Coffey then relinquished the gavel to Doctor Truluck, Chairman. Doctor Truluck declared that the Committee would go immediately into executive session and excused the visitors from the meeting.

On motion by Doctor Carr, seconded by Doctor Coffey, and duly carried, the reading of the minutes of the meeting June 1, 1957, was deferred until the next meeting of the Executive Committee.

The financial report of the Secretary-Treasurer showed the following balances on hand June 30, 1957: General Fund—\$8,683.48; Relief Fund—\$2,483.62; Special Account (Capital Outlay)—\$117.32 and the Sinking Fund—\$750.73. The report was received for information.

On motion by Doctor Coffey, seconded by Doctor Pearson and duly carried, Doctor Carr was requested to assist the Secretary-Treasurer in investing the money in the Sinking Fund in building and loan stock.

Doctor Butler reported that approximately 230 forms had been returned to him in the Dental Fee Survey now being conducted by the Society, and that he expected to complete the survey within the next two weeks.

Mr. Cunningham reported that someone had broken into the central office in Raleigh sometime during the night of July 14, but that nothing had been stolen. There was discussion about covering the contents of the central office with some form of burglary or theft insurance. On motion by Doctor Coffey, seconded by Doctor Pearson and duly carried, the matter of theft or burglary insurance on the contents of the central office was tabled until the next meeting of the Executive Committee.

The Executive Secretary pointed out that the Society now carried \$3,000.00 fire insurance on the property in the central office and that this might not be considered a sufficient amount to adequately cover the approximately \$5,000.00 worth of equipment in the office. On motion, by Doctor Pearson, seconded by Doctor Carr and duly carried, the matter of increasing the amount of fire insurance on the central office was tabled until the next meeting of the Executive Committee.

On motion by Doctor Carr, seconded by Doctor Butler and duly carried the Executive Secretary was authorized to attend the meeting of the Southern Regional Board of Education in Atlanta, August 13-14, 1957. Doctor S. H. Steelman will represent the North Carolina Dental Society

at the meeting a report on dental education needs in the South will be presented and discussed at the meeting.

The Executive Secretary stated that U. S. Government Bond M1235516F would mature at \$1,000.00 in August. On motion by Doctor Coffey, seconded by Doctor Pearson and duly carried the matter of reinvesting the proceeds from the surrender of the bond was tabled until the next meeting of the Executive Committee.

On motion by Doctor Pearson, seconded by Doctor Carr it was voted that all information presented at this meeting by members of the Charlotte Dental Society and Doctor Bethel pertaining to the question of pay raises for dental personnel in public health and their relationship with the North Carolina State Board of Dental Examiners, the Merit System Council, the State Board of Health and the North Carolina Dental Society be studied thoroughly by the Executive Committee to determine a satisfactory working arrangement for local, county and city as well as state-employed dentists.

Doctor Truluck appointed a committee composed of Doctor Barden, Chairman, Doctor Moser and Doctor Carr. This committee was instructed to inform Doctor Zeno L. Edwards, dental member of the State Board of Health of the facts presented to the Executive Committee tonight by the Charlotte dentists and Doctor Bethel, to look into all aspects of the problem and at the next meeting of the Executive Committee submit a complete report with recommendations for action by the Executive Committee.

The Executive Secretary was instructed to furnish each member of the Executive Committee with a transcript of the presentation by the Charlotte dentists and Doctor Bethel at this meeting.

There being no further business the meeting was adjourned at 11:30 p.m. on motion by Dr. Carr, seconded by Doctor Butler and duly carried.

LUTHER H. BUTLER
Secretary-Treasurer

Read and approved September 29, 1957

HOTEL ROBERT E. LEE, WINSTON-SALEM, N. C.
September 29, 1957

The Executive Committee convened at the Hotel Robert E. Lee in Winston-Salem, Sunday, September 29, 1957. The meeting was called to order at 2:20 p.m. by Doctor Coffey and Mr. Cunningham led in prayer.

Committee members present were: Doctors Moultrie H. Truluck, Chairman; Ralph D. Coffey, S. E. Moser, Daniel T. Carr, Luther H. Butler, E. A. Pearson, Jr., and R. B. Barden.

Others present were: Doctors Frank G. Atwater, Editor-Publisher; S. H. Isenhower, Co-Chairman Convention Committee; Pearce Roberts, Jr., Chairman, Entertainment Committee and Mr. A. M. Cunningham, Executive Secretary.

Doctor Coffey explained that Doctor Truluck had been unavoidably detained, would be late in getting to the meeting, and had requested Doctor Coffey to preside in his absence.

The minutes of June 1, 1957, and July 18, 1957, were read and approved.

The financial report of the Secretary-Treasurer as of September 26, 1957, showed the following balances on hand: General Fund \$4,338.04, Relief Fund \$2,908.87 and Sinking Fund \$1,751.23. On advice of the auditor the Special Account (Capital Outlay) had been cleared out and the balance of \$117.23 of July 17, 1957, had been used to buy additional furniture for the central office. Of the \$1,751.23 in the Sinking Fund, \$750.23 is on deposit at 3 per cent interest in the First-Citizens Bank and Trust Company in Raleigh and \$1,000.50 is on deposit at 3½ per cent interest in the First Federal Savings and Loan Association of Durham. The maturity value of Government bonds held in reserve in the General Fund totalled \$9,300.00 and in the Relief Fund, \$14,825.00. On motion by Doctor Barden, seconded by Doctor Pearson and duly carried, the report was approved.

Mr. Cunningham stated that in the opinion of the auditor, the Sinking Fund was incorrectly named since it was set up for the express purpose

of financing the purchase of property and the erection of a central office building at some future date. The auditor explained that a sinking fund according to accepted accounting practice was for the purpose of retiring bonds or paying off existing obligations. On motion by Doctor Butler, seconded by Doctor Carr and duly carried, the title of the Sinking Fund as established by the Executive Committee September 16, 1956, was changed to Development Fund.

At this point in the meeting Doctor Coffey relinquished the gavel to Doctor Truluck who presided for the rest of the meeting.

Doctor Truluck recognized Doctor Pearce Roberts, Jr., Chairman of the Entertainment Committee who outlined the tentative plans of the Committee for the 1958 session of the North Carolina Dental Society and requested an appropriation of \$1,600.00. This was to cover the cost of entertainment, a reception for officers of the Society and distinguished guests to which all members are to be invited, and the Entertainment for Out-of-State Visitors.

Doctor Atwater, Chairman of the Program Committee, was recognized and he stated that in keeping with President Coffey's idea of slowing down the tempo of the annual meeting and relieving a rather crowded schedule of events that the Program Committee had decided to limit the scientific portion of the program to three clinicians, rather than the customary four.

Doctor Pearson, Co-Chairman of the Budget Committee, presented a proposed budget for the year. On motion by Doctor Coffey, seconded by Doctor Moser and duly carried, a budget for the fiscal year, 1957-58 was adopted, a copy of which is attached to these minutes. This budget included the request of the Entertainment Committee for \$1,600.00 and with the consent of Doctor Atwater, reduced the original appropriation granted the Program Committee (May 8, 1957) from \$2,000.00 to \$1,500.00.

On motion by Doctor Moser, seconded by Doctor Coffey and duly carried, the Chairman of the Entertainment Committee was authorized to accept favors for the banquet from commercial houses, if said favors should be offered.

On motion by Doctor Moser, seconded by Doctor Pearson and duly carried, the Executive Committee voted to (1) increase the fire insurance coverage on the contents of the central office from \$3,000.00 to \$4,000.00 to meet co-insurance requirements; (2) to take out a Burglary Insurance Policy on the contents of the central office in the amount of \$2,000; and (3) to obtain a Camera Floater Insurance Policy on the 4 x 5 Speed Graphic Camera owned by the Society.

On motion by Doctor Carr, seconded by Doctor Pearson and duly carried the Executive Committee authorized and instructed the Executive Secretary to secure a transportation Floater Insurance Policy on central office equipment transported from Raleigh to Pinehurst for the annual meeting.

On motion by Doctor Coffey, seconded by Doctor Moser and duly carried, the Executive Committee voted that the proceeds from the surrender of U. S. Government Bond M1235516F now held in the Reserve of the General Fund and which matured at \$1,000.00 in August 1957, are to be reinvested in the First Federal Savings and Loan Association of Durham to the credit of the reserve in the General Fund.

On motion by Doctor Coffey, seconded by Doctor Pearson and duly carried, the Executive Committee approved the report of Doctor Barden's Committee, appointed by Doctor Truluck (July 18, 1957) to consider all aspects of the problem relative to the employment of a public health dentist in Charlotte and Mecklenburg County as outlined by representatives of the Charlotte Dental Society and Doctor M. B. Bethel at the Executive Committee meeting on July 18, 1957. A copy of Doctor Barden's report is attached to these minutes. The Executive Secretary was instructed to send copies of this report to the President of the Charlotte Dental Society and Doctor Ralph Jarrett.

Doctor Pearson submitted a verbal report for the Insurance Committee, Doctor J. R. Edwards, Chairman, in which he stated that the com-

mittee at a meeting September 22, 1957, re-confirmed and recommended the group sickness and accident policy administered by J. L. Crumpton. The Committee suggested that if a member desired to increase his coverage in this type of insurance that he be advised to get additional coverage with the group accident and health insurance administered by the ADA.

The committee also recommended the adoption by the Society of a group major medical and surgical policy with the Indemnity Insurance Company of North America as presented by the Moore & Johnson Company of Raleigh. This plan has already been adopted by the Buncombe County Dental Society and the Raleigh Dental Society on a local level. On motion by Doctor Moser, seconded by Doctor Pearson and duly carried, the committee was commended for their work so far and was urged to proceed along these same lines in working out group insurance coverage for the Society.

On motion by Doctor Pearson, seconded by Doctor Coffey and duly carried, the audit of all Society funds for the fiscal year 1956-57 submitted by Graham DeVane, C.P.A., was approved.

The Dental Formulary Committee requested an appropriation of \$500.00 in addition to the \$500.00 originally requested and granted by the Executive Committee on January 6, 1957. The money is to be used to publish a Dental Formulary in co-operation with the North Carolina Pharmaceutical Society. The latter has already appropriated \$1,000.00 to the project. On motion by Doctor Carr, seconded by Doctor Pearson and duly carried, the request was granted with the stipulation that the Dental Formulary Committee consider ways of defraying the cost of the publication either by contributions from the members or by charging a reasonable price per copy.

The membership record of Doctor J. E. L. Thomas of Oteen, N. C., a former member of the Fifth District was reviewed. On motion by Doctor Coffey, seconded by Doctor Barden and duly carried, it was voted that on the basis of his record, Doctor Thomas could be accepted as a member of the First District on the same basis as a new member.

The Children's Dental Health Week Committee submitted a request for an appropriation of \$150.00 for the fiscal year 1957-58. On motion by Doctor Barden, seconded by Doctor Carr and duly carried, the Committee was granted \$100.00.

On motion by Doctor Pearson, seconded by Doctor Butler and duly carried, the Executive Secretary was authorized to attend the ADA meeting in Miami, Florida, November 4-7, 1957.

By consent of those present, the Executive Secretary was instructed to make arrangements to hold the annual joint meeting of the Executive Committee and Committee Chairmen at The Carolina in Pinehurst the weekends of either January 11-12, 1958, or January 18-19, 1958. It was agreed to begin the meeting on Saturday night and conclude on Sunday.

On motion by Doctor Pearson, seconded by Doctor Carr and duly carried, the Secretary-Treasurer was authorized to pay for the luncheon of those attending the District Officers' Conference in the O'Henry Hotel, Greensboro, November 23-24, 1957.

The matter of considering an air-travel credit card plan for Society members as sponsored by the Washington State Dental Association for its members was tabled on motion by Doctor Butler, seconded by Doctor Pearson and duly carried.

On motion by Doctor Pearson, seconded by Doctor Barden and duly carried, the Chairman of the Executive Committee was instructed to appoint a committee to investigate the possibility of incorporating the Development Fund so that contributions to that fund could be deducted from the income tax of the contributor. Doctor Truluck appointed the following to this committee: Doctor Butler, Chairman; Doctor Pearson and Doctor Carr.

There being no further business the meeting was adjourned at 6:00 p.m. on motion by Doctor Coffey, seconded by Doctor Butler and duly carried.

LUTHER H. BUTLER
Secretary-Treasurer

Read and approved January 11, 1958

NORTH CAROLINA DENTAL SOCIETY

BUDGET, FISCAL YEAR 1957-58

GENERAL FUND

ESTIMATED RECEIPTS

Dues from members.....	\$44,262.00
Annual Session (Commercial Exhibits).....	6,275.00
Journal (Advertising)	3,000.00

Total Estimated Receipts.....\$53,537.00

BUDGETED EXPENDITURES

Dues:

A.D.A.	\$19,111.00	
A.D.A. Relief.....	1,018.00	
Districts	<u>4,101.00</u>	\$24,230.00

Central Office:

Salaries:

Exec. Sec.....	\$7,200.00	
Asst. to Ex. Sec.....	3,170.00	
Additional Sec. help	350.00	\$10,720.00

Social Security.....	175.00	
Rent	1,200.00	
Utilities (light, water, heat).....	275.00	
Office Supplies.....	600.00	
Travel	900.00	
Telephone	350.00	
Newsletter	375.00	
Postage	450.00	
Insurance	200.00	
Clipping Service.....	120.00	
Other	<u>125.00</u>	15,490.00

JOURNAL..... 2,800.00

Annual Session

House of Delegates (Blue Book)..\$	60.00	
Clinic Comm. (Correspondence and Telephone).....	25.00	
Convention Comm. (Stenotypist, Registration, badges, ribbons, signs, lodging for staff, Presi- dent's parlor, transportation & insurance, tips, flowers).....	1,100.00	
Entertainment Committee (In- cludes programs & flowers for banquet and Entertainment of Out-of-State Visitors and re- ception)	1,600.00	
Exhibit Committee (Prizes, deco- rator, entertainment of exhibi- tors, hotel fee).....	1,500.00	
Housing Committee.....	40.00	
Monitor Committee.....	25.00	
Necrology Committee.....	30.00	
Program Committee (Honoraria, travel & lodging for clinicians, postage, telephone, loud speak- er system, rentals of projectors and films and programs).....	1,500.00	
Publicity Committee (honoraria, travel, lodging, newspaper mats, postage, photo supplies)..	225.00	
Superintendent of Clinics.....	<u>50.00</u>	6,155.00

Committee Work

Children's Dental Health Week..\$	100.00	
Library & History.....	600.00	
Rural Health Affairs.....	150.00	
Dental Formulary (in addition to the \$500.00 appropriated from the 1956-57 fiscal year).....	500.00	
		\$ 1,350.00
Proceedings		1,500.00
Audit		150.00
Memberships		50.00
District Officers' Conference.....		125.00
Sinking Fund (5% of gross state dues).....		1,000.00
Total Estimated Expenditures.....		\$52,850.00
Contingency Fund (Estimated receipts less budgeted expenditures).....		\$ 687.00

Approved by Executive Committee, September 29, 1957

September 29, 1957

Dr. Moultrie Truluck, Chairman
Executive Committee
North Carolina Dental Society

The committee appointed by you to investigate the situation in regard to Public Health dentists wishes to report the following.

On September 7th a meeting was held with Dr. Earnest A. Branch in Raleigh to discuss the problem as seen from the State level. Dr. Z. L. Edwards, Sr., our dental representative on the State Board of Health, was present and also other interested members of the North Carolina Dental Society.

After considerable discussion, it appeared to be the concensus that to recommend a higher salary schedule might have an adverse effect on some counties in the state who can hardly afford the present tax burden. Also, that it has been the experience in the past, that when special problems concerning pay schedules were presented to the North Carolina Merit Council, that Council co-operated in allowing departures from the Merit System rulings in favor of the agency requesting it and did not jeopardize their state appropriation. This would indicate that the Merit Council may approve a provision whereby individual counties could supplement the salary scale without affecting the State appropriation.

It is easy to understand that there may be unusual circumstances where individual health agencies may be required to ask for special rulings. The Committee feels that such may be the case with Charlotte and Mecklenburg County and that they be advised to appeal directly to the Merit Council first; then, if they are denied the request, that the Executive Committee shall be happy to entertain a review of the problem.

The Committee also feels that the modification of licensure requirements to enable a dentist to work for a local health department is not advisable. It also holds the opinion that the Board of Dental Examiners is the proper body to act on such proposals and not the Executive Committee of the North Carolina Dental Society.

The Committee feels that the attempt to raise the salary schedule for Public Health Dentists is commendable and certainly deserves a much more thorough investigation than has been possible by this committee in this amount of time.

Respectfully submitted,
RALPH B. BARDEN, *Chairman*
S. EVERETT MOSER
DANIEL T. CARR

Approved by the Executive Committee, September 29, 1957

WILSON, NORTH CAROLINA

October 7, 1957

The Executive Committee convened at the Wilson Country Club, Wilson, North Carolina, October 7, 1957.

Doctor Truluck presided and called the meeting to order at 10:30 a.m. Committee members present were: Doctors Moultrie H. Truluck, Chairman; Ralph D. Coffey, S. Everett Moser, Daniel T. Carr, Luther H. Butler, and R. B. Barden.

Others present were: Doctors Frank G. Atwater, Editor-Publisher; A. T. Jennette, Chairman Committee on Medicare; C. C. Diercks and Mr. Andrew M. Cunningham, Executive Secretary.

Doctor Truluck recognized Doctor A. T. Jennette, Chairman Committee on Medicare. Doctor Jennette outlined the progress his committee had made to date in its negotiations with the military services and reported that no bases in North Carolina had been declared "remote" under Title I of the Medicare Act. He explained, however, that the committee had exhausted its efforts on a local level and that in spite of its initial successes the military could conceivably invoke the provisions of the Medicare Act and arbitrarily declare any base in North Carolina remote for dental purposes. Doctor Jennette requested permission to personally contact General J. M. Epperley, Chief of the Dental Corps, U. S. Army, in an effort to seek a compromise in the implementation of the provisions of Title I under the Medicare Act by the Army which would be more acceptable to civilian dentists and the North Carolina Dental Society.

On motion by Doctor Coffey, seconded by Doctor Butler and duly carried, Doctor Jennette's request was granted.

Doctor Atwater recommended that Doctor C. C. Diercks be appointed Associate Editor of the *Journal of the North Carolina Dental Society*, and he was so appointed on motion by Doctor Carr, seconded by Doctor Butler and duly carried.

A written report dated September 25, 1957, from the Insurance Committee, Doctor J. R. Edwards, Chairman, was accepted with commendation and referred to the House of Delegates at its next meeting on motion by Doctor Carr, seconded by Doctor Butler and duly carried. The Insurance Committee recommended (1) that the Society continue its contract for group accident and health insurance with the Commercial Insurance Company of Newark, New Jersey, and administered by J. L. Crumpton of Durham; (2) that members desiring more accident and health coverage do so under the ADA group plan; (3) and that the Society adopt a group major medical and surgical insurance plan with the Indemnity Insurance Company of North America.

There being no further business the meeting was adjourned on motion by Doctor Coffey, seconded by Doctor Butler and duly carried.

LUTHER H. BUTLER
Secretary-Treasurer

Read and approved January 11, 1958

THE CAROLINA, PINEHURST, NORTH CAROLINA

January 11, 1958

The Executive Committee convened at The Carolina, Pinehurst, Saturday, January 11, 1958. The meeting was called to order at 8:55 p.m. and Dr. Neal Sheffield led in prayer.

Committee members present were: Doctors Moultrie H. Truluck, Chairman; Ralph D. Coffey, S. E. Moser, Daniel T. Carr and Luther H. Butler.

Others present were: Doctor Frank G. Atwater, Editor-Publisher; C. C. Diercks, Associate Editor; Neal Sheffield, Chairman of Committee to Re-Write The History of the North Carolina Dental Society; Mr. Andrew M. Cunningham, Executive Secretary and Miss Mira Riddle, Secretary to the Executive Secretary.

The minutes of September 29, 1957, and October 7, 1957, were read and approved. Chairman Truluck explained that some members were not able to be present for the October 7 meeting because it had been necessary to call it on short notice.

On motion by Dr. Coffey, seconded by Dr. Butler, it was voted to com-

mend the Insurance Committee for its diligence as evidenced in the report of September 25, 1957, and to request the committee to include the contents therein in its final report to the House of Delegates next May for information only. It was noted that since the report was first submitted to the Executive Committee (October 7, 1957) all districts except the Fifth had adopted the group plan of major medical and surgical insurance. Therefore no action was actually necessary by the House of Delegates.

The Secretary-Treasurer's Report of December 31, 1957, was received for information. It showed the following balances on hand: General Fund, \$14,300.62; Relief Fund \$2,436.37; and Development Fund \$1,751.23.

The report stated that in the General Fund \$1,000.00 received from the surrender of U. S. Government Bond No. M1235516F which matured August 1957, had been reinvested in the First Federal Savings and Loan Association of Durham. Of the total amount now on hand in the Development Fund, \$750.23 is on deposit in the First-Citizens Bank and Trust Company (at 3%) and \$1,000.50 is on deposit with the First Federal Savings and Loan Association of Durham (at 3½ %).

On motion by Dr. Butler, seconded by Dr. Moser, it was voted to transfer the amount now on deposit in the First-Citizens Bank and Trust Co. of Raleigh to the credit of the Development Fund (\$750.23 plus interest due for last quarter of 1957) to the First Federal Savings and Loan Association of Durham.

On motion by Dr. Butler, seconded by Dr. Coffey, it was voted to withdraw all but \$1,000.00 now on deposit in a checking account with the Security National Bank of Raleigh to the credit of the Relief Fund and deposit it in the First Federal Savings and Loan Association of Durham.

Dr. Moser presented a Membership Report which revealed that on December 31, 1957, there were 1,018 members in the Society. As of January 9, 1958, the report indicated that 699 members had paid their 1958 dues. The report estimated that 1958 membership would total 1,058. On motion by Dr. Coffey, seconded by Dr. Butler, the report was received for information and Dr. Moser commended.

The Secretary-Treasurer reported that the following had not paid their 1957 dues as of December 31, 1957 and would be automatically dropped from the roll according to the Constitution and By-Laws:

First District:

Dr. A. V. Boyles, Dallas
Dr. Matt McBrayer, Jr., Rutherfordton
Dr. Joe Pharr, Cherryville
Dr. R. B. Webster, Newton

Third District:

Dr. A. B. Edwards, Hamlet

Fourth District:

Dr. J. S. Hair, Fayetteville

On motion by Dr. Moser, seconded by Dr. Carr, the above men were dropped from the roll and the Executive Secretary was requested to notify Mr. J. L. Crumpton that they were no longer eligible to participate in the group disability insurance plan.

Dr. Neal Sheffield, Chairman of the Committee to Re-Write The History of the North Carolina Dental Society was recognized. He presented a report which outlined the progress his committee had made to date and submitted recommendations in regard to the printing and publishing of a Volume II of the Society's history. On motion by Dr. Carr, seconded by Dr. Butler, the Executive Committee accepted the report with commendation and recommended that the text of Dr. Fleming's *History of North Carolina Dental Society* be reproduced by photographic offset process and included in the new history.

On motion by Dr. Carr, seconded by Dr. Butler, it was voted to present Rear Admiral Ralph W. Malone with a suitable gift at the 102nd Annual Session at a cost not to exceed \$75.00. Admiral Malone is Chief of the Navy Dental Corps and a native North Carolinian. He is retiring from the Navy in November 1958 and will be a guest of the Society at its 102nd Annual Session.

On motion by Dr. Coffey, seconded by Dr. Moser, the Secretary-Treasurer was instructed to prepare a suitable memorial for Dr. J. Martin Fleming who died December 18, 1957, which is to be recorded in the minutes of the Executive Committee.

On motion by Dr. Butler, seconded by Dr. Carr, payment was authorized for the floral design sent by the Society to Dr. Fleming's funeral.

A communication from Dr. A. W. Nance of Point Harbor, a member of the Fourth District, was read to the Executive Committee in which he requested that he be classified a Retired Member. He stated poor health had prohibited him from practicing ever since 1953. On motion by Dr. Coffey, seconded by Dr. Butler, it was voted that Dr. Nance be made a Retired Member provided the Fourth District approved, and that he not be dropped from the roll for non-payment of 1957 dues.

Requests for waiver of state dues for the year 1958 were received from Dr. Cecil B. Hall of Greensboro, Dr. John T. Hughes of Pittsboro and Dr. E. A. Pearson, Jr., of Raleigh, since all three members are now engaged in full-time graduate study and are entitled to Student Membership in the ADA. On motion by Dr. Carr, seconded by Dr. Moser, the requests were denied on the grounds that the Constitution and By-Laws did not expressly permit the Executive Committee to waive dues of members. Further, the Secretary was instructed to notify all three that they would be required to pay their dues and that the matter would be referred to the Constitution and By-Laws Committee for an interpretation and ruling on the point in question. Should this committee not concur in this ruling, then their dues would be remitted.

A request from the Rural Health Affairs Committee for an appropriation of \$200.00 was submitted. It was noted that \$150.00 had already been granted this committee and included in the Budget approved by the Executive Committee September 29, 1957. The Rural Health Affairs Committee reported that it had been asked to supply dental education material to be used by the North Carolina State College Extension Department for a state-wide in-service training program for home demonstration agents. It was suggested that the committee supply the requested material and that the cost be paid for from the \$150.00 appropriation. Any contribution the committee deemed proper to be made to the Medical Society of the State of North Carolina to support the Rural Health Conference program would also be made from the \$150.00 appropriation.

Reports from the Insurance Committee (dated December 12, 1957) and the Committee on Medicare (dated November 21, 1957) were received for information.

On motion by Dr. Coffey, seconded by Dr. Carr, the Executive Secretary was authorized to employ a stenotypist for the 102nd Annual Session.

The Secretary-Treasurer was instructed and authorized to secure and employ necessary help to assist in registration at the 102nd Annual Session.

There being no further business, the meeting was adjourned at midnight on motion by Dr. Coffey, seconded by Dr. Carr.

LUTHER H. BUTLER
Secretary-Treasurer

Read and approved May 7, 1958

DR. J. MARTIN FLEMING
1867-1957

The North Carolina Dental Society sustained a great loss in the passing of Dr. J. Martin Fleming, on December 18, 1957, in Raleigh, North Carolina. He was an outstanding dentist and commanded the respect of his associates. He rendered a valuable contribution to organized dentistry and played a great part in the formation of our society as it is today. He was most conscientious, and the world is a richer and finer place for his having passed our way.

The records show his deep devotion and untiring efforts to our Society and organized dentistry. Dr. E. A. Branch, one of Dr. Fleming's most intimate friends, prepared the following tribute, which appeared in *The Health Bulletin*, February, 1958, Issue, and which is reprinted with Dr. Branch's permission.

"The North Carolina State Board of Health and, indeed, the cause of public health in North Carolina have suffered a great loss in the death of Dr. J. Martin Fleming on December 18, 1957.

"Dr. Fleming was a friend of public health, in general, and of public health dentistry, in particular. It was he who made the motion in the meeting of the North Carolina Dental Society in 1918 that the Society give its whole-hearted endorsement and approval to the suggestion of Dr. George M. Cooper that dentistry be included in the program of the North Carolina State Board of Health. This motion was carried, and North Carolina became the first State to have dentistry as an integral part of its public health program. From that time on Dr. Fleming gave generously of his time and energies to the enterprise, thus rendering great service to his profession, to public health, and to the people of North Carolina. He favored and worked for all legislation which promoted public health dentistry in the State.

"Dr. Fleming became the first dental member of the Wake County Board of Health in 1931 and served in that capacity until 1942. In 1942, when the younger dentists were called into the armed service and a dentist could not be secured for the position of school dentist with the Wake County Health Department, Dr. Fleming closed his office, took the job and served until his retirement in 1954.

"Dr. Fleming engaged in the private practice of dentistry in Raleigh from 1895 to 1942. He was one of the best known and best loved dentists in North Carolina. He exerted a great and good influence in the affairs of the North Carolina Dental Society, and this Society conferred on him many honors. He served as president of the Society in 1903-1904. Dr. Fleming made an outstanding contribution to dentistry as a member and president of the State Board of Dental Examiners from 1914 to 1926. In this capacity he had an opportunity to encourage and influence many young dentists. For many years, when the molding and making of dentistry in North Carolina was in the process, Dr. Fleming was chairman of the Ethics Committee. To him membership on this committee, as well as on the Board of Dental Examiners, was a mandate to uphold the standards of the profession and also to protect the rights of the people of North Carolina to have the best in dental service. It can be truly said that, in carrying out this mandate, he brought honor to himself and to dentistry in North Carolina. Dr. Fleming believed in hewing to the line himself, and he expected the same of others. Those who knew him well realized that his seeming sternness was tempered with kindness and a rare sense of humor.

"Perhaps Dr. Fleming's greatest accomplishment was writing the *History of the North Carolina Dental Society*. This scholarly work was the result of years of painstaking research and of collecting, compiling and editing material. The *History* is an interesting and invaluable book which will be a lasting memorial of his untiring and unselfish service to the profession.

"Though born in Arkansas, while his North Carolina parents were living temporarily in that State, Dr. Fleming lived most of his life in North Carolina. He received his A.B. degree from the University of North Carolina in 1891 and his D.D.S. degree from the University of Maryland in 1895. He was made a Fellow of the American College of Dentists in 1929. He held membership in the Raleigh and Fourth District Dental Societies, the North Carolina Dental Society and the American Dental Association.

"Funeral services were held for Dr. Fleming in the Edenton Street Methodist Church of Raleigh, of which he had been a faithful and devoted member, having served for many years on the Board of Stewards. It can truly be said that he was a public spirited citizen, a Christian gentleman and a true friend and counselor."

Words are inadequate to express the appreciation of the North Carolina Dental Society for the life and influence of so great a man as Dr. J. Martin Fleming.

LUTHER H. BUTLER
Secretary-Treasurer

Prepared at the request of the Executive Committee, January 11, 1958

THE CAROLINA, PINEHURST, NORTH CAROLINA

January 12, 1958

The meeting was called to order by President Coffey at 10:40 a.m. A short devotional service was conducted by Dr. W. D. Yelton.

The following were present:

Executive Committee—Doctors Ralph D. Coffey, Moultrie H. Truluck, Daniel T. Carr, S. E. Moser, and Luther H. Butler.

Convention Committee—Doctors S. H. Isenhower (Co-Chairman), C. W. Sanders (Publicity), M. M. Forbes (Superintendent of Clinics), Pearce Roberts, Jr. (Entertainment), C. D. Eatman (Clinics), W. D. Yelton (Necrology), Riley E. Spoon, Jr., (Dental Hygienists), Guy R. Willis (Dental Assistants) and Norman F. Ross (Golf).

Others present were—Doctors William M. Ditto, Chairman, Visual Aid and Scientific Exhibits Committee; Frank G. Atwater, Editor-Publisher and Chairman Program Committee; C. C. Diercks, Associate Editor; D. F. Hord, member Monitor Committee; D. M. Getsinger, Chairman Dental Formulary Committee; Marcus R. Smith, Chairman Constitution and By-Laws Committee; T. E. Sikes, Mr. Andrew M. Cunningham, Executive Secretary; and Miss Mira Riddle, Secretary to the Executive Secretary.

Committee Chairmen present submitted reports for their Committees. Dr. Hord presented the report of the Monitor Committee. In addition reports were submitted by Entertainment of Out-of-State Visitors, Housing and Exhibit committees.

Dr. Getsinger informed the Executive Committee that the *Dental Formulary* was now in the hands of the printers. He requested definite instructions as to means of recovering money expended in the publishing of the *Formulary*. He suggested that the initial distribution of the *Formulary* would be made at the 102nd Annual Session.

The Executive Committee then went into Executive session, with Dr. Truluck presiding.

Dr. Marcus R. Smith, Chairman of the Constitution and By-Laws Committee was recognized. He was informed that requests for waiver of state dues had been received by the Executive Committee from three members who were engaged in full-time graduate study. The matter of whether the Executive Committee had the right to waive dues under the Constitution and By-Laws was referred to Dr. Smith's committee for ruling. It was suggested that if the committee determined the Executive Committee did not have that right under existing provisions of the Constitution and By-Laws, that the Committee consider proposing to the House of Delegates amendments which would specifically delegate such authority to take care of similar cases in the future or for hardship cases.

A request from the Golf Committee for an appropriation of \$150.00 was approved on motion by Dr. Carr, seconded by Dr. Moser. With this amount the committee was instructed to purchase prizes for the golf tournament and pay for the lodging and travel expenses of Billy Joe Patton who is scheduled to speak at the Golf Dinner Sunday night during the 102nd Annual Session.

On motion by Dr. Butler, seconded by Dr. Moser, it was voted to adopt a policy of not soliciting dental laboratories and dental supply houses for prizes for golf tournaments, skeet-shoots or other special events and that all committees be so advised.

On motion by Dr. Carr, seconded by Dr. Butler, it was voted to notify the Skeet-Shoot Committee that an appropriation of \$25.00 for the purchase of prizes would be allowed this committee, should they need it; and, awards would be made by Billy Joe Patton at the Golf Dinner if they desired to have him do so.

The committee recessed at 1:20 p.m. for lunch and reconvened at 2:20 p.m.

On motion by Dr. Coffey, seconded by Dr. Carr, the Publicity Committee's request for an appropriation of \$250.00 was approved.

Dr. Coffey advised the Executive Committee that The Carolina would furnish a parlor for his use during the 1958 annual meeting at no cost to



Dr. B. N. Walker and Dr. Frank O. Alford were elected to succeed themselves as delegates to the ADA at the 102nd Annual Session. Dr. S. E. Moser, President-Elect, (center) congratulates Dr. Walker (left) and Dr. Alford (right) on their election.

the Society. Therefore, it was made a matter of record that a parlor be secured for the use of the Entertainment of Out-of-State Visitors Committee and that the Chairman of that committee be so advised.

On motion by Dr. Carr, seconded by Dr. Moser, a request from the Housing Committee for an appropriation of \$60.00 was approved.

On motion by Dr. Carr, seconded by Dr. Coffey, it was voted to include the programs of the Hygienists, Dental Assistants and Auxiliary in the printed program of the 102nd Annual Session.

On motion by Dr. Butler, seconded by Dr. Coffey, the Executive Secretary was authorized to prepare a preliminary program of the 102nd Annual Session to be distributed preferably before hotel applications are mailed on February 15.

On motion by Dr. Coffey, seconded by Dr. Butler, a request from the Necrology Committee for an appropriation of \$100.00 was approved.

On motion by Dr. Butler, seconded by Dr. Coffey, it was voted that the Dental Formulary Committee be instructed to charge \$1.50 per copy to members and \$3.00 per copy to non-members and that initial distribution of the *Formulary* be made at the 102nd Annual Session.

On motion by Dr. Coffey, seconded by Dr. Butler, it was voted to invite Dental Hygienists and Dental Assistants to attend the scientific sessions and the reception during the 102nd Annual Session.

There being no further business, the meeting was adjourned at 3:25 p.m. on motion by Dr. Butler, seconded by Dr. Carr.

LUTHER H. BUTLER
Secretary-Treasurer

Read and approved May 7, 1958

“The Association’s Obligations in Changing Times”

PERCY T. PHILLIPS, D.D.S.
New York, N. Y.
President-Elect, ADA



DR. PHILLIPS

North Carolina Dental Society
Monday, May 5, 1958

Thank you, Clyde. Mr. President, Officers, Members of the North Carolina Society, and their Guests: It certainly is a great privilege to have been approached by your officers to participate in this 102nd Annual Meeting of the North Carolina Dental Society. In Pinehurst, although the abundance of magnolia has gone and the azalea is about at an end, you have that rare pine air around you, with the fringe benefit of the best golf courses in the country. So where is a better place to hold this 102nd Annual Meeting?

This Society is older by three years than is the national organization. I consider my invitation here a signal honor and I am most appreciative of it. You have been so gracious to Mrs. Phillips and myself, and we have enjoyed meeting so many old friends and making so many new acquaintances, I cannot thank you enough.

I have no fear of joining the mutual admiration society, and I know that a man seldom is a prophet in his own country, but I do want to tell you now that Clyde Minges, one of your favorite sons, was one of the best presidents the American Dental Association has ever had, in my opinion.

He had the realization that the American Dental Association, which is designed to function as carrying out the policy of the grass roots, should be definitely returned to the grass roots. And Clyde Minges was one of the first presidents within my time that had the courage enough to do it.

And, Clyde, you did a wonderful job for the American Dental Association!

It is also a pleasure and a privilege for me to extend to the North Carolina Dental Society the official greetings of the officers and the trustees of the American Dental Association, and to add the warmest personal feelings and felicitations to you of our President, William R. Alstadt, who except for a prior commitment in the state of Maryland would be with you this morning.

I also feel that it would be somewhat amiss if I did not tell you that on last Friday afternoon, I had a long conversation with your trustee, Dr. Howard Higgins, from South Carolina. I know that Dr. Higgins will be here before your meeting is over, but he asked me if I would not express to you this morning his regrets that he would be unable to be here with you at the opening of your session, but would see you before the meeting was over.

Dr. Higgins is doing a splendid job as your Trustee at the American Dental Association level.

The American Dental Association has been very kind to me and in many different ways has permitted me to attempt to be of service to the profession. I feel particularly honored that I shall be the figurative head during the year 1959, when we celebrate our Centennial in my own home town — New York City.

I feel I would be remiss, also, if I did not off the record tell you that I had been privileged to participate in much of the planning for this one hundred year celebration, and with the Federation Dentaire Internationale meeting in New York City at the same time everything points to an exceptionally attractive annual session, with an anticipated attendance of over 20,000. I urge every one to give serious consideration toward attending this session. One almost cannot afford to miss it!

Your officers have very kindly suggested that I choose my own subject, so I have decided this spring-like day to speak to you briefly about the Association's "Obligations in Changing Times," or, our duties as dentists to assist, protect, direct, and promote better dental health care in the light of a changing national philosophy.

Quite frankly I thought this topic might be appropriate, for with your great state leading in the production of tobacco and textiles, and with vast interests in other agricultural activities, it has become distinguished, recognized and accepted, as leading in this section of our great nation in economic and social reforms which come only to pass with a full conviction and appreciation of changing times.

Before we get to my few personal observations, let us together decide or agree on a few basic concepts for our discussion this morning. I hope you will bear with me while I quote the objectives of the Association from the by-laws, and I quote:

"The object of this Association shall be to encourage the improvement of the health of the public, and to promote the art and science of dentistry."

The same objective appears in either exact or similar terminology in the governing instruments of all of our constituents, and no privilege exists that it is not bound inseparably to a duty, and the privilege of membership in organized dentistry is no exception. We have certain inescapable duties which for quick coverage includes our duty to the public, our duty to fellow practitioners, and our duty to ourselves. These can all be found in the basic objectives if one but reads carefully.

For years, we as dentists have urged upon our patients — yours and mine—a twice yearly examination. As truthfully, I heard said in a recent meeting in New York, "Dentistry itself needs a twice yearly examination." If you will agree with me that as members of organized dentistry, we have clearly sound objectives or duties then I think you must agree with our old friend, Noah Webster, when he defines "obligations" as a strong, definitive word, as a binding duty or a constraining power, as it relates to promises, oaths, contracts, or acts in relation to society.

I have tied society's obligations to changing times. Changing times is a snappy, easily remembered phrase, used as frequently by our grandparents as by ourselves. It is, today, an accepted term. To those who think quickly, it is said that in a single generation our living standards or the yardstick of life, has risen to such levels that people refer to the 1940's as "the olden days," or "old-fashioned."

Today, our changing times, problems, and so on, probably range from

decreasing death rates and population controls on one hand, to universal automation and dehydrated, irrigated, and frozen foods, with a wide span of modern living caught in the middle.

Don't let us forget that yesterday had its problems, too, and when tomorrow's changing time arrives, there will come problems with it, also. The other day I was reading an article about this old world of ours twenty-five years from now. The author, I think, was a man of great vision. He thought that barring total destruction by man-made nuclear weapons or the hydrogen bomb, mankind would still be just about the same.

In our field he predicted that the days of dentures were numbered and the eradication of dental decay approaching. He was wise enough however, not to predict the end of caries, but he was bold enough to project that the newer materials would deter it; cracks and chips would be restored by mineralizing agents and dental drills might reach a speed of 350 to 450 thousand revolutions a minute.

Whether we can agree with him or not, we can be sure that changing times will bring new scientific advances: perhaps lightweight clothing, easily adaptable to climatic changes to make us more comfortable; and increased populations and longer life to make living and its problems more difficult.

I think it is safe to predict continuing social distortion; enduring groups of ambitious leaders; disagreements among men and groups and nations; economic surges and recessions; and forgotten men.

We live in quick-changing times, and this nation's thinking, its actions which develop its life patterns, its national philosophy, seems of recent years to be in a perpetual state of flux. And while it is wholly debatable no matter how partisan politically you must be, one must admit it is a factor that affects the dental profession and the other health services as well.

As modern humans, we are seemingly constantly seeking some solution of some problems, some of which seem endless. I am reminded of the small boy who comes home from school and says to his father, "Dad, can you help me? The teacher wants me to find the common denominator."

To which his father replies, "Good gosh, is that thing still lost? My teacher had me hunting for that when I went to school!"

Perhaps in changing times of today, as at no other time in our history, it is more important to dental science and to dentistry's lifeline, that the average professional stray outside of his own little world of four walls where, by design or otherwise, he has paid little or no attention to what is going on except as it perhaps pertains to clinical practice, and take due serious note, of world and national conditions which, in the ultimate, are going to affect us as an improved health service.

We must not be forced into crises made decisions. We must keep ourselves fully informed. I have no fear for an enlightened profession. We must keep abreast with: 1, world and international economics; 2, national and state governmental thinking; and 3, professional understanding and inclinations at all levels.

Careful study and appraisal and determination will, in my opinion, all develop obligations and formulate policies which will enable us to live more happily in these changing times.

Perhaps of these three factors, the most important influence exerted upon changing times, abroad and here at home in the United States, is the economic problem. Today the world moves fast — so fast below Explorer I and Explorer II—that the complexion of things is altered so rapidly one becomes perplexed, bewildered, and for myself, oftentimes confused.

The national administration is blowing hot and cold, the social changes, the economic demands, the professional questions all build up until we hardly know what the ultimate result will be. What happens with economic developments? They become immediately reflected in changed

governmental thinking and the professions, ours included, must quickly evaluate and determine carefully the course to be charted in the light of inescapable trends. These changes will not come quickly nor easily.

We as a nation are basically against changes of any kind until and unless we are the ones desiring the change. The general pattern must be carefully evaluated because man as a whole will never philosophically agree about the particular change to be made.

Now since we are the ones eventually affected by the problem, that problem is ours. The solution will be ours, too, to the exact degree to which we accept the responsibility, the challenge, and recognize our obligations.

Hospital Dentistry

One of the storm signals of changing times which should have prompt and concentrated attention is that of the factual and prestige position of our profession as a full-fledged member of the health team within the hospital. This has been a facet of our activity which has had all too little thoughtful application.

An honest confession is good for the soul. I must confess that eight, ten, or twelve years ago I was one of the staunchest advocates of the elimination of the Council on Hospital Service, and to have the duties then assigned, transferred to the Council on Dental Education.

I am now firmly of the opinion that this would have been a serious step backward, if it had been effected. With changing times the role of the dentist is assuming a new dimension within the growing acceptance of the essential team therapy concept of total health in hospital service. This is an ever-increasing evidence of the ultimate need for the incorporation in all hospitals of a department of dentistry.

Mindful that the ultimate scope and the extent of such departmental service must be geared to the total program of the hospital, and the need and demands of the community served, then it well behooves our profession to give serious and genuine evaluation to the existence of the problem.

We must also presently appreciate the fact that we cannot merely make demands upon local hospital administrators or the Joint Commission on Hospital Accreditation, without first honestly demonstrating wholeheartedly the sincerity of our contention of having a vested interest in the total health picture.

In this, too, we must not merely talk about dentistry in the hospital as a holy principle, but by hard, diligent spadework at all levels, prove our point. Oral medicine, oral restorations with oral surgery, is a part of the dental service, and we have no need for an apology in educational background. I am confident that if we will work at it we will find there will be no problem in a reasonably short time.

Much of the confusion between the position of the dentist and that of the hospital administrator and the dedicated governing boards of community laymen, that still persists, could have been materially avoided if a better understanding and appreciation were current as to what the obligation of dentistry is today in a complete or total health service discipline.

I have never found a better concept of the scope of dentistry in the hospital than that stressed by E. M. Bluestone, M.D., former director of Montefiore Hospital, and I quote:

"As we survey the hospital scene, we find that the four essential functions of the hospital applying to medicine and surgery, alike, apply with equal force to dentistry. They are the prevention of disease; the cure of disease; the investigation of disease; and the education of the professional staff and the public on the subject of disease.

"The periodic physical examination which has come into vogue within the past two decades, becomes only a routine gesture without a careful inspection of the mouth. If we are to build soundly, we must include an adequate dental department in every hospital."

This last statement is worthy of particular note, since we know that

more than two-thirds of the nation's hospitals still do not have any provision or facilities for providing any type of dental service for their patients — not even emergency treatment.

The establishment in 1951 of the Joint Commission on Hospital Accreditation, without the American Dental Association being invited to participate, either as a member or with consultative recognition, created a major accrediting agency for hospitals throughout the United States and Canada. The standards for hospital service, approved by the House of Delegates and implemented by both the Council on Hospital Dental Service and the Council on Dental Education, and those of the new Joint Committee, were not uniformly acceptable to both groups, nor were they in the best interests of our profession or the public.

Thus, the status of dentistry and the dentist in the hospital has remained an unresolved problem although some degree of progress has been made within the past year.

The true effort on this problem must be done at the grass roots of local and state level. But on the national plane, the right to demand official, accepted position, is definitely indicated. We must not delay. The victory in the Supreme Court of New York State, and some other states, for the direct payment of Blue Shield associates to dentists, for services rendered by dentists in hospitals, brings this into sharper focus.

Reasonable consultative service to, if not full membership on, the Joint Commission on Hospital Accreditation, must be promptly obtained. The public's welfare and the dental profession's rights, are involved. Failure to press for Joint Commission representation could well result in these legal victories mentioned before—giving dentistry the right to perform certain services in hospitals, but no accredited places wherein to perform them.

I believe the hospital is destined to be the center of preventive medicine in the future, and the objective is a comprehensive dental service facility in the hospital.

Blue Shield

Closely related to the basic problem of dentistry in the hospital, comes the participation of the profession in existing Blue Shield programs. At least to some extent I think you will agree that we are living, today, in a period of social revolution, and this fact alone makes any decision we arrive at, prophetic. The professions of medicine and dentistry are undergoing a period of momentous adjustment. It must not be maladjustment.

These adjustments, technical advances, and social changes are so deep-rooted as to justify the adjective "revolutionary"; so extensive as to preclude the hasty formulation and promulgation of wise rules and regulations. And yet, in many areas, prompt action has had to be taken by the dental profession to maintain its right by law to function within the framework of whatever new system momentarily evolved.

Union, industry, government, and insurance forms of dental practice are developing with fantastic speed, creating a large, broad class of favored patients, as far as health care is concerned. A definite form of planned society which this creates, means a channeling of patients and an assignment of cases to specially designated groups and specialty trained and approved personnel, for treatment and reimbursement.

The inevitable fight for domination and control will follow. The medical profession would like everybody to believe that they are the munificent proponents of prepayment plans, and therefore should have unshared control. I think that it can be fairly stated that while the medical societies may have accepted prepayment reluctantly in order to avert government medicine, labor and other segments of the public, entered voluntary prepayment reluctantly because a government program was not available.

The original motivations are now of only academic interest. What is all-important is that prepayment plans such as Blue Shield's, are seemingly here to stay, and our common objective is to make it work for the best interests of all.

It can well be assumed that medicine and its specialties will be at the summit control of the hierarchy governing health services. In descending rank will follow the adjunct professions — those now employed in nursing, making artificial limbs, and grinding eyeglasses.

Failure of constituent societies to carefully examine the existing administration of the Blue Shield-Blue Cross contract approved and operating in their states, may remove dentistry irrevocably from its rightful place in the upper echelons of control and find itself relegated to an adjunct position. Under private enterprise we are not interested in setting up czars, medical, dental, or otherwise.

Today I am certain that we all recognize the long-range goal of labor towards a comprehensive health coverage for workers and the families of workers, and in some instances, from retirement benefits and funds, the inclusion of the retired workers' families.

This means eventually diagnostic and preventive health care, protection against chronic or catastrophic illness, psychiatric treatment, dental care, and increased interest in geriatrics. Even when supported wholly by the government the technique for furnishing these services shall be mainly in some form of prepayment insurance coverage, where there can be some degree of cost distribution based upon actuarials.

This might be classified as private industrial health insurance, and across the national scene involves hundreds of different commercial as well as nonprofit carriers. At the moment we are discussing the nonprofit Blue Shield.

However, the point I am trying to make applies equally to all types of carriers as well. There is a great variation among the carriers, not only from state to state, but within the states in the plans themselves, both as to the extent and the kind of coverage offered.

Dentistry has but a small stake in most of the existing Blue Shield plans today, but tomorrow it will be much greater. However, the subscribers have legal rights and a firm vested interest. Their demands for broader benefits shall also increase, and the health facilities of the nation shall be faced with the challenge of how best to meet them.

Quite frankly, I feel that our profession in certain areas has been guilty of masterful complacency for failing to protect and defend the rights of the subscribers in some of the existing policies, to have certain operations performed by dentists, and the payment to them made by direct payment to that dentist. Failure in this has been discriminatory administration, contrary to law in the areas referred to, and fraudulent in relation to the subscriber.

I hope that you men in the great progressive State of North Carolina have not only thoroughly reviewed the existing type of contracts I refer to but have become completely familiar and satisfied with the interpretations and implementations of the state insurance control pertinent to the subject.

My personal experience in the Empire State, and conversations with those from many other states, has caused me great concern. It indicates to me a dire need, for strong and objective leadership at all levels, with adequate financial support a must, to adequately and to successfully deal with this Blue Shield phase of prepaid distribution of health care.

Our objective, basically, is this: future generations of dentists must not say that we have failed them in the year 1958.

Nationalization

Another sign which might bear watching in the light of changing national philosophy, is the potential back door approach to nationalized health through comprehensive health care programs developed through governmental policy.

In this area we might watch veterans' programs, military dependents' care programs, health care for the aged, and medical care for social security recipients. I would first like to speak briefly of the present veterans administration program, for while it must be considered in this group, I think it can be quickly covered.

I have been privileged for some years to be designated as a Veterans Administration Area Consultant for Area No. 1, which is New York and New England. I have made frequent visits to all 32 installations in the area. I am also Field Consultant to the New York Regional Office. I have had, therefore, an excellent opportunity of learning first-hand exactly what the dental service of the veterans administration stands for, has done, and is doing for the veteran.

I want to assure those who have not been so fortunate as to have had such close contact that it — the V.A. — is doing a most commendable job. Under Dr. John E. Farber, Assistant Medical Director, the dental service is being administered in a sound and forthright manner, in full harmony with the human concept of the veterans' rights and the profession is fortunate indeed.

I am particularly well pleased with the stature and the prestige of dentistry in the V.A. installation. The essential team work therapy concept existing in the regional offices, and in the in-patient programs of the various services. It is most gratifying. The staff personnel are to be complimented, and I say no undesirable signs are to be seen.

Next, let me briefly mention the military dependents' medical care program. Health care for the dependents of those in the Armed Services has been a highly debatable subject for many years, particularly in view of the high utilization of the so-called "Doctors Draft Laws."

The attitudes of the organized dental profession in accordance with accepted policy, have been somewhat less encompassing than those of our medical brethren. Whether this policy has been wise or not, must await the wisdom of the future. The new dependents' medical care program has been in effect for a comparatively short time. Yet, it has been in effect long enough, in the opinion of the speaker, to again indicate a prestige problem at responsible governmental levels, which must not be sidetracked.

Personally, I am disturbed with some statements coming out of Washington indicating bureau concern for what they indicate as small financial service remuneration, morale incentives, a dire need for dental care, and the high cost of civilian dentistry, as prompting the program.

I am further alarmed by the reminder that in Washington there is full realization that the recommendations of state dental societies being so different and inconsistent, they may be disregarded, since the Secretary of Defense can overrule any of these situations and decisions.

This program of dependents' medical care must not be brushed off lightly. Careful objective study must be given to determining the amount of care needed, the amount of care demanded, the available source of supply, the cost of the procedure, and the estimated cost of the program.

Since the technique of supplying all the services with the dependents' medical care program is a complicated one, involving both nonprofit and commercial insurance carriers, or direct contracts with organized medical societies and the government, one can readily envision that dentistry again finds itself involved in its basic relationship of prestige, and relative standing with these agencies.

I have already mentioned my concern for increased interest for dentistry in hospitals. Here we find another area in which there is a tie-in with a related program. Medicare payments to the civilian physician are generally based upon treatment in hospitals. This may be satisfactory for physicians who use the hospitals every day. However, it is not fair for dentists who seldom use the hospitals.

In most instances, the dental office is to the dentist what a hospital is to a physician, except the operating cost is the responsibility of the dentist. Most dentists work best in their own offices because they are properly equipped for all dental service, and are at a disadvantage in most hospitals today.

Until all hospitals are properly equipped to render all types of dental service, permissive Medicare dental service should be elective, depending upon conditions, as to being performed in the private office.

Today, permissive dental care is limited to adjunctive treatment, and

the medical care, basically with but few minor exceptions limited to in-patient hospital treatment. I see on the horizon, the potential, that tomorrow the program will be expanded on the premise that it will boost military morale still further, to include office visitation for sickness and the development of a program for restorative and treatment care in dentistry, limited only in scope by the appropriations which Congress shall make available.

One could picture this developing somewhat along the line with the home town program of the Veterans Administration, only it would not have the self-limiting principle of service connection. One must not lose sight of the fact that the home town V.A. program today is greatly curtailed and the fee schedule pertinent thereto, in a goodly number of instances, is wholly unrealistic in the light of the present economy of the country and the shrinking dollar.

The American Dental Association has never approved a national fee schedule for the Veterans Administration, for the good and obvious reason that the cost of rendering dental care not only varies from state to state, but also within the states.

Through negotiations with the Veterans Administration, a definite technique was established to permit review and change in the allowances where indicated. Yet, due to complacency by some of the constituents, or lulled into inactivity by the apparent decreasing utilization of the participating program, today in all too many communities, the fee schedules officially established are unfair and faulty.

However, bearing pseudo official approval of the Association, they are being used as a yardstick not only by other governmental agencies, but by unions and other industrial groups formulating group dental care programs. We may find it utilized in the years ahead as the base line in any enlarged Medicare program.

The indicated thinking accompanying today's social changes also has directed the attention of the health professions to the greater need for geriatric care. This could very well develop within the Department of Health and Welfare as an enlarged health program for the home and the institutional care for the aged, and a comprehensive health service for recipients of social security, based upon the current operational experience of today's brainchild for military dependent care.

These demands shall not be initiated by those in the lower brackets, the military, or the older population, all of which are usually the tool of the pressure of sponsoring groups. It shall come from the middle class, the intellectual social minded, the eggheads, the sincere do gooders, who play upon and create a furore that leads to a change in national philosophy—or reform as they are wont to call it.

We must never forget we have no enduring monopoly on the rendition of dental health care. The right to practice dentistry is a privilege granted us by the people, and what the people give, they can take away, if our stewardship is found wanting.

Up to now, in the two programs discussed, and in operation, I see no great crossfire of criticism between the veterans, the military, and the profession. I think this is basically true, because we are fortunate in having the intelligent guidance of dentists in and out of government service who are not only professional people, but understanding, civic-minded people, of their own communities.

They have seen in the veterans program something that must come to a degree of limitation, in the interest of the 172 million persons who compose this country. In the Medicare program, they are rendering co-operative, understanding guidance with a watchful eye, and are fully appreciative of the potentials involved.

In any event, we apparently shall be confronted with an ever-increasing growth in the veteran population as long as cold or hot wars persist. This must be wisely handled if the veteran is to have his just due, which society rightfully expects for him, and before we have veterans, we have those in active service and available to them, and to their dependents, varying degrees of health care at no personal expense.

Our obligations are such that we, as dentists, must assiduously and unceasingly apply ourselves ever mindful to the increased demands for gradually extended coverage in dental care. Today, it is for military dependents. Perhaps tomorrow it will come from somewhere else toward a complete dental care program. We must be ever mindful of the realization of the tremendous impact upon the health services and the type of dental practice that we have in this country at present.

Prepayment Dentistry

On the horizon is smoldering evidence of the profession's indecisions as to what should be done in the field of prepayment in dentistry. Frankly, we must admit we know very little as a profession about the techniques for mass distribution of any type of dental care.

Nine years ago in San Francisco, the House of Delegates unanimously urged experimentation in this area, on the part of constituent and component societies in pilot studies, in order to develop actuarials upon which future sound prepayment plans could be developed, since there was no experience table in existence at that time.

Back in the days of cashing relief stamps, leaning on shovels, and W.P.A. projects when prosperity was around the corner from where nice old ladies sold big red apples, the people could hardly be expected to be in the best of health, to have means of paying sizable medical and dental bills, or have the cost of even a short stay between hospital sheets.

Out of this dilemma grew legislation to permit and encourage the development of medical, surgical, and hospital indemnity plans. A recent report of the Health Information Foundation stated that as of January 1, 1957, there were 116 million of our people covered for hospital expense; over 101 million were covered for surgical expense; and close to 65 million were covered for regular medical expense. About 85 per cent of those covered had hospital and surgical coverage.

It is apparent to all of us that prepayment plans in medicine, surgery, and hospitalization, are reasonably well-established. In fact most of us here today probably have just such coverage for ourselves or our families. In the opinion of your speaker, these plans have been the major determinant to the governmental adoption of the undesirable type of socialized health, as sponsored by Oscar Ewing, and the infamous Wagner, Murray, Dingle Bill.

Contrast this picture, if you will, with what has been accomplished in the field of dental indemnity. As of the report of the United States Department of Health, there were only three prepaid dental insurance plans in existence in the entire United States as of June 1, 1957, and only two of them were licensed and in actual operation with an enrollment of less than 5,000 subscribers.

Prepayment dental insurance is a highly debatable question and stimulates much controversy. I believe this is partly due because the social and economic conditions which surround dental care, are not always relevant to the distribution of medical care; partly because we know so very little about the actual application of the prepayment principal to dentistry; and partly, also, because we fail to recall that back in the formative years of medical-hospital indemnity, the medical profession was violently opposed to the program, but now they are very vocal, enthusiastic supporters of it; and partly due to the fact that some of our most sincere and able members seem to panic with uncontrolled emotion at the thought, much less the mention, of prepayment in dentistry.

I have reasonably firm convictions about prepayment insurance which need not be chronicled here. I admit I have been criticized by some of my good friends because I am an enthusiastic supporter of pilot studies in this field. Let us set the record straight.

I want to know, not guess, is dental disease insurable? Can we devise a scheme under initial care, under maintenance, to which we can apply the insurance principle? I think that these pilot studies if they meet the

House of Delegates accepted principles for prepayment plans, should be encouraged and considered great, if not noble, experiments.

I have no misgivings for the real need, somewhere in this country, for some dental group to have enough courage to try honestly to do something about dental prepayment, instead of talking about it as a holy principle.

We cannot stand still in a changing world, even if we do not like the changes and prefer the status quo. We cannot in justice to our fellow practitioners and the generations of dentists to follow us, sit back and have the directional attitudes of these coming programs — and they are coming — placed in the hands of uninitiated but financially interested laymen.

I hope that some plan for dental prepayment succeeds, which will enable us as dentists to provide care under methods of our own devising, for more and more people. If it fails, let it fail on the inadequacies of the principles and the quality of the program, and not because of professional persecution and punitive techniques by those in high places who want to live in the horse and buggy age, but ride around in Cadillacs.

If fail it must because of program deficiencies, then it would have been of value, too, in its way, for then in the future when rightfully we were to oppose programs of this type, we can say, "We have tried it. Look at the actuarials. We had the courage to face the issue and it simply did not work."

Dentistry's obligations are clear-cut. We must find out whether dentistry is insurable!

Union Health-Care Programs

A fire that is burning high on the horizon and which is receiving entirely too little attention from us as individuals, or from our state and local societies, is the philosophy of the financing of group dental care programs with health and welfare funds of industrial unionism.

The first major definite plan developed on the West Coast in the states of Oregon, Washington and California in 1954. I believe in them we saw the first concerted union approach to the problem of dental services for the membership and their families.

With the freezing of wages in 1943, many employers established employee benefits in the areas of health and welfare, as an added inducement to keeping their labor forces intact. It was the beginning of the so-called fringe benefits and at that time, the Bureau of Internal Revenue ruled specifically that employers could legally charge the cost of providing employee group costs of hospital and medical insurance, as a business expense.

A short time later, the National Labor Relations Board recommended that in general the system of insurance established by involved parties, could be noncontributory on the part of labor.

I think you can now see how the jig saw puzzle fits together. The fringe benefit, originated by management and adopted by labor, now has been thoroughly explored in medical benefits, hospitalization, surgery, and the loss of income due to illness. Dentistry, which has failed — and some of us think we know why — to assist labor to inaugurate any project involving dental care, and dentistry has failed also, to attract backing in the field of prepayment dental insurance. So dentistry was next in line as a type of fringe benefit to be considered.

On the West Coast, the International Longshoreman and Warehouse Union, through their health and welfare funds, appropriated money for a program of children's dentistry in the port cities. Very cleverly, they approached it from our long dedicated point of view of preventive dentistry. And so they made the right approach.

They looked at the adult problem, found it insoluble, so tore a page out of the book of organized dentistry and started with the children. Right where for years we have said dental care should commence.

Naturally, it should not have been expected that labor would stop

there. Dentistry should have been alerted to this, and developed guiding principles and techniques for the extension of the movement to complete adult care. The American Dental Association repeatedly has urged and encouraged the formation of committees at constituent and local levels, to study and be prepared for such situations.

In some few instances this has been done, but little factually has been accomplished. Without the guidance of the profession, and without a workable program, there are evidences of union schemes in a wide variety cropping up all over. There have been five bills in the New York State Legislature in the past two years, sponsored by unions, and creating medical centers which include the distribution of dental care. The unions know what they want, but they don't know exactly how to accomplish their objectives.

In their eagerness, and without the guidance of the dental profession, they may take steps which, in the long run, may hurt dentists and the dental profession, as well as themselves. Should this occur, part of the blame may well be ours.

In our reluctance to counsel and help solve their problems, our procedures in some local areas might well be said to be hampering and delaying tactics. Labor might lose confidence in our desire to co-operate with and guide them. Often the official attitude of the local societies has been to bluntly stipulate what they alone think the program should be, demand full and complete control, and be generous enough to allow the union to provide the funds, or on the other hand, to ignore co-operation and adopt punitive regulations against their members who participate.

Some segments of our association seem to be totally unaware of the social changes that have taken place beyond our power to control. For years, now, we have laughingly but with tongue in cheek, talked of rugged individualism, or, as some say, individualized isolationism. Let us be frank with ourselves. There may have to come a change in our philosophy concerning individualism as we have held to it heretofore.

Certainly, we are obligated in this space-conscious age to keep our minds in a state of flux and be prepared and ready to make realistic approaches, to our concept of individualism. We should try to believe firmly that our minds at this moment are not so fixed to such an extent that we cannot modify our thinking as the occasion demands.

We can no longer fruitfully enjoy the stigma of just sitting back and/or opposing and battling against a change in the way of life. Let us try to prevent the abuses which are bound to creep in if we allow any group to formulate dental care without our guidance.

If the dental society has the necessary information with which to voice and state its opinion through advising and assisting such groups, the union will quickly recognize the value of dealing with the societies, whether for the in-plant or joint medical center clinics care, rather than negotiating with individual dentists. Let us steer the unions into the proper channels, for again I say, we are the only ones basically qualified to secure the co-operation of the profession; and for the union participants, greater experienced benefits.

This must be the dental profession's obligation in the evident movement toward inclusion of dental care as a fringe benefit, in labor-management negotiations.

Conclusion

In my remarks today I have attempted to briefly review some of the highlights of our present problems as they all fit into a picture that, to me, indicates one of the things we need most in these changing times — greater and more active interest in public and professional relations.

In the final analysis, the communities' problems today are our problems tomorrow. The decisions and determinations of our professional societies, whether they be dentists, legislators, or from the other healing groups, sooner or later become our problems, too. I think you will all agree with me that people everywhere should be left free to democratically de-

termine their own way. This is a high standard and proudly as a nation we hold to it. We, as individuals, must therefore take an increased interest in what is happening in our communities and we must stimulate, in our organized professional groups a greater concern in public and professional relations.

Dentists today, more than ever before, have a dual obligation. First we have a duty to function as active citizens in the civic and political affairs for the betterment of our communities; and secondly, we have a moral duty to actively participate as professional men in the affairs of organized dentistry and assume our share of the responsibility, so that our profession may continue to grow as it goes, in progress, in service to the public.

The past, on the whole, has been wonderful, but it doesn't have us by the throat. The future can be an astounding reservoir of hope, more wonderful than all Aladdin's lamps. I am optimistic. The problems are many and complicated, but if there is a real will, we will find the way.

Remember the fable of the wise old crow, who was so thirsty he couldn't caw. He came upon a jug half full of water, but the neck was too narrow to put his beak through. After a period of despair, he solved the problem by picking up a pebble. He dropped the pebble into the jug, and then he dropped another in. Pebble after pebble he dropped into the jug, and little by little the water rose to the top. Perching on the rim of the jug, it was a simple matter for the crow to drink the water.

We, too, must seek ways and means to solve the impossible! Thank you very much.



Part of the receiving line at the reception given by the Society at The Carolina during the 102nd Annual Session. (left to right) Dr. Walter T. McFall, Dr. Ralph D. Coffey, Anne and Don Coffey, Mrs. Coffey, Dr. and Mrs. Percy T. Phillips.

"The Naval Dental Service"

REAR ADMIRAL RALPH W. MALONE
Chief, Dental Division
United States Navy



REAR ADMIRAL MALONE

North Carolina Dental Society
Sunday, May 4, 1958

Thank you, Dr. Pless, for your most generous remarks. Mr. President, officers of the North Carolina Dental Society, my classmates, ladies and gentlemen: When John Howard Payne wrote the words to the song "Home Sweet Home," he must have felt exactly like I do now. However, there is one important difference; Mr. Payne had the words to express his feelings while I do not. Your gracious hospitality and warm friendship touches so deeply that I find ordinary words of appreciation inadequate. I can say only that I am extremely happy to be back home with you after a long absence of thirty-two years.

During World War II I had the good fortune to serve in one of our Navy's newly commissioned battleships—the *USS New Jersey*. After the commissioning ceremony a number of military and civilian guests were permitted to visit unrestricted parts of the ship. One distinguished appearing civilian wandered into the quarterdeck space traditionally reserved for the Captain of the ship. The officer of the deck went to him and diplomatically said, "This space is reserved for the Captain. Who shall I tell him is calling on him?" The visitor, without hesitation, replied, "Just tell him one of the owners—a taxpayer."

As taxpayers, you too are owners of the Navy, and as members of organized dentistry I am certain you have a special interest in Naval Dentistry. Therefore, I would like to take a few minutes to report to you owners on the status of the Navy Dental Service. I want to tell you what the Navy Dental Service is, what its responsibilities are, and what it is doing to meet these responsibilities.

The Navy Dental Service consists of four main elements:

1. Dental officers and ancillary personnel.
2. Dental facilities in ships and stations.
3. The technical administrative organization necessary to provide co-ordinated dental support to the Navy and Marine Corps; and
4. The dental treatment which is the end product of the other three elements.

At the present time, there are approximately 1,700 dental officers and 3,000 enlisted dental technicians on active duty in the Navy. These, incidentally, also provide dental care for the Marine Corps. These dental officers and their assistants provide dental care in 417 ships, stations, and Marine Corps units throughout the world. They spread from Antarctica to Iceland, and from Formosa to Malta. About 1,000 of our dental officers are career Navy officers. The remaining 700 are recent graduates who desire to serve their two year period of obligated military service.

The primary mission of the Navy Dental Service is to provide such care for active duty Navy and Marine Corps personnel as will prevent or remedy diseases, disabilities, and injuries of the teeth, jaws, and related structures, which may directly or indirectly interfere with the performance of military duties. Herein lies an important difference between naval dentistry and your civilian practices. We are responsible for the dental health of every serviceman. We must not let any dental defect or disease interfere with the combat effectiveness of a Navy man. We cannot, as most of you, limit our practices to those who seek and are willing to pay for our professional services.

Although the primary mission of the Navy Dental Service is to give dental support to the Navy and Marine Corps we are also required by law to care for retired military personnel and dependents of military personnel who live overseas or in remote areas within the United States. In addition, we provide dental care for members of the Army, Air Force, and United States Public Health Service who are not located near their own dental facilities.

During the past year the Navy Dental Service provided dental care for 96 per cent of the active duty members of the Navy and Marine Corps. Almost eight million dental diagnostic and treatment procedures were accomplished. In plain figures this averaged $2\frac{1}{2}$ operative restorations for each serviceman, one tooth removed for every second serviceman, a periodontic treatment for 2 out of every 3 servicemen, and a denture for every 15th serviceman. In spite of these accomplishments our servicemen continue to need more dental treatment than our limited number of dental officers can accomplish. For example, the almost 200,000 recruits who enter the service each year bring an average of more than 7 carious lesions per man—an annual total of 1,400,000 new cavities. This is in addition to the annual increment of caries in our onboard sailors and Marines.

The Navy Dental Service's preventive dentistry program made particularly good progress during the past year in sponsoring the fluoridation of water supplies in Navy installations where the number of children in residence justified it. Thus far, 49 Navy and Marine Corps installations have fluoridated their water supplies or are in the process of doing so. I am happy to report that four of this number are located in North Carolina.

The Navy Dental Service has helped pioneer advanced and specialty training for dentists. Our intern and residency training programs in eight Navy teaching hospitals have been in successful operation for more than a decade. At the present time, 51 dental officers in the Regular Navy are certified by American Dental Specialty Boards recognized by the American Dental Association. However, since the Navy's greatest need is for officers trained in general dentistry and not the specialties, we have sent an increasing number of officers to short postgraduate courses in civilian dental schools and to our 10 months general post-graduate course at the U. S. Naval Dental School in Bethesda, Maryland. More than 300 Navy dental officers attended these short courses in civilian schools during the past year.

The training and use of ancillary dental personnel is a pressing problem for the entire dental profession. This is especially true for the Navy Dental Service. We are forced to train enlisted personnel as assistants so that they can be rotated to assignments in ships and with Marine Corps units. Since enlistments are only for a period of 4 years, we limit the formal school training for chair assistants to 4 months plus their recruit training of 3 months. Dental prosthetic laboratory technicians

are given an additional 6 months in a prosthetic laboratory school. All dental technicians receive continuous training called in-service training for as long as they remain on active duty. They are required to pass examinations or dental assistant subjects for advancement to each enlisted grade. The continuous training of dental technicians is possible because each technician is under the immediate supervision of a dental officer.

Shortly after World War II the Naval Dental School at Bethesda developed a course to train dentists to provide emergency care for mass casualties. The Dental School staff devised several ingenious training aids which gave this course great practicability. The first training aid was the artificial arm for practicing venipuncture. This was followed by the artificial neck for practicing placing an emergency airway. In addition, plastic wound moulages have been devised for practicing control of hemorrhage and shock. All these aids were finally combined to make a life-sized plastic manikin that breathes and bleeds. The Navy Dental Corps casualty treatment training course was built around this manikin. The course has now been expanded to four Navy training sites and approximately 300 Navy dental officers are being trained each year. Arrangements for civilian dentists to attend these courses have been made through the Secretary of the Council on Federal Dental Services of the American Dental Association. The Casualty Treatment Manikin has been exhibited before 5 Annual Meetings of the American Dental Association, approximately 40 state and regional dental meetings, and 2 meetings in Europe. I am sure that many of you are acquainted with this ingenious training manikin.

My report to you stockholders, or owners, has included only a few of the main facts about the Navy Dental Service. I have tried to explain what it is, what its responsibilities are, and what it is doing to meet those responsibilities. I am certain that you recognized many of the problems of the Navy Dental Service as your problems with a special slant. Perhaps then, you have reached the same conclusion that I have. That is, that there is little real difference between the goals of civilian dentistry and those of military dentistry, and that we are both integral parts of the great profession of dentistry. I am proud that my homestate dental society has honored Navy Dentistry by inviting me to speak to you. This type of mutual recognition and support between military and civilian dentistry is important to the continued progress of American Dentistry.

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DIRECTORY OF MEMBERS, OFFICERS, AND COMMITTEES

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“Dental Manpower in North Carolina”

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DR. BRAUER

North Carolina Dental Society
Monday, May 5, 1958

How many dentists should there be in the State of North Carolina, and who should decide this very important and basic question? The Bureau of Economic Research and Statistics of the American Dental Association in its 1957 report (report as of mid-1956, including 1956 graduates) indicates that there were 1,251 dentists in North Carolina with a dentist-population ratio of 1:3467. This latter figure of 3,467 includes all living dentists in the State.¹ Considering only those dentists who were in active practice, the figure would approximate 1,096 as of mid-1956, or a ratio of 1:3952. The national ratio of total population to active dentists is about 1:1900.¹

The questions just cited are very complex indeed, but they must be answered by someone or some group. Should North Carolina, which now has a dentist-population ratio equal to about one half that of the United States, find ways and means of approaching the national average of 1:1900 or should the ratio be 1:2500, 1:3000 or 1:1000? Who knows what the ratio should be? Should such a vital decision be made by the University with recommendations from the faculty of the School of Dentistry, by the North Carolina Dental Society, or by the state legislature which represents the people of the state? New Jersey, for example, recently has activated two new schools of dentistry, and that state in mid-1956 had an active dentist-population ratio of about 1:1720.¹ Who decided how many dentists there should be in New Jersey, and what is the plan for manpower in that state for the future? Few states have given consideration to this vital question and problem.

The legislature in North Carolina, of course, will determine what appropriations are to be directed to dental education, and, thereby, limit the expansion and development of the profession. However, the initial leadership in thinking, planning, and action in my opinion should come from both the profession and the University. The profession has a keen and vested interest in the quality and quantity of dental service to be rendered the people of the state, and the University must accept the

responsibility for the education and training of dentists and other professional personnel consistent with the mission, plans, and commitments of the total University.

There are many interdependent factors and programs within the University and the Division of Health Affairs, which must be considered before Dentistry can be given the "go-ahead" signal for any expansion or development program. For example, the need for expanded facilities and an increased annual operating budget for the Basic Sciences must receive equal or higher priority, since dentistry cannot proceed without this vital instruction. The University Administration must assume the responsibility for determining the relative need, and, accordingly, the priority in all expansion programs. The Dean and the faculty of the School of Dentistry and the profession of dentistry can make their recommendations to the University Administration, and the latter cited Administration after an evaluation of the University's total needs presents its plan and budget to the Board of Higher Education, the Budget Bureau, and then to the legislature.

The all important question at the moment is, does the North Carolina Dental Society which has a major interest in the dental health of the people of this State, have a proposed plan or a program for the present and future dental manpower needs of the State? Is there anything really more important to the dentists of the state? It involves all of the people of North Carolina, and it involves the daily lives and economy of every dentist and their families. A discussion of how to do a better amalgam, inlay, or denture, or the best technique for the removal of a tooth, is important at meetings of our societies. However, the question or problem of who is going to do the dental service and under what conditions transcends all other subjects in relative importance to dentists individually and collectively.

Recent Studies Relating to Dental Manpower. Two or more considerations of recent date have brought this subject into sharp focus in North Carolina. The first was a request from the Board of Higher Education, and, accordingly, then from the Administration of the University of North Carolina for all units (including the Division of Health Affairs) to proceed with long range planning involving the next 20 years. Furthermore, that recommendations for expansion and new programs were to be submitted to the Board of Higher Education by April 1, 1958. The Division of Health Affairs under the leadership of Dr. Henry T. Clark, Jr., embarked on an intensive study and evaluation of the needs and projected plans of each unit of the Division in the summer of 1957. A National Advisory Committee to the Division of Health Affairs, composed of distinguished educators and professional representatives, was organized, wherein each School of the Division had representation. Dr. Paul Jeserich, Dean, University of Michigan, was a member of this committee, which met in Chapel Hill for three full days in September 1957, and again for three days in January 1958. The faculty of each School devoted many days of study and work on the various committees to formulate a long range plan, which was formally presented to the National Advisory Committee for study and evaluation in January 1958. The report of the findings and the recommendations of the latter cited Committee was transmitted to the Division of Health Affairs and the University Administration some weeks ago.

The second factor, which recently has directed our attention to this subject, is the report published by the Southern Regional Education Board (SREB) in November 1957, entitled, *Dental Manpower Needs in the South.*² The SREB appointed a Commission which gave guidance to the study, and it was composed of Dr. Russell Poor, Chairman, Provost Health Center, University of Florida, Dr. Harris Purks, Director, North Carolina Board of Higher Education, a number of deans of southern dental schools and practicing dentists and others well known in education. Dr. Phillip E. Blackerby, Jr., Associate Director of the Kellogg Foundation was an observer. The staff for the study included SREB representatives, Dr. Walter Pelton, Chief, Division of Dental Resources, Public Health

Service, Dr. Shailer Peterson, Secretary, Council on Dental Education, and others. This distinguished Commission and staff devoted about one year to the study, and their report was published on November 1, 1957. The Kellogg Foundation made a grant of \$10,000 to the SREB for the study.

The SREB, involving 16 southern states, as an agency of an interstate compact, is charged with continually assessing needs in higher education in the region and for developing and recommending to states and institutions plans and programs for meeting these needs.

The Commission appointed by the SREB adopted the following statement in November 1956, relating to the purpose and scope of the study.²

"The study will develop a factual base on which states and institutions, individually and co-operatively, can act with assurance to provide undergraduate and graduate dental education of sufficient quality, scope, and capacity to meet the region's present and future needs for dentists, including specialists and teachers and dental hygienists. The study will consider present and future need and demand for dental services on the one hand, and the quality, scope, and capacity of dental education to train enough dentists and dental hygienists to provide such services, on the other. It will make recommendations for action by states; schools; national, state and local professional organizations of dentists and dental hygienists; the SREB; and other groups."

Among the recommendations cited by the Commission on Dental Education in the South were these statements:

1. "That the region set a goal of dental care for its citizens which at the very least equals that available in the nation as a whole. As an essential step toward this goal, the region must obtain sufficient dentists to achieve by 1975 a ratio of one dentist to each \$4,000,000 of income in the South's population, or a ratio of one dentist for every 1,800 people."
2. "That South Carolina continue to plan for the establishment of a dental school and that these plans include consideration of sufficient spaces eventually to accommodate a reasonable number of students from the compact states on a contractual basis."
3. "That Florida proceed, in view of its greatly expanding population and economy, to develop plans for a school of dentistry."

The conclusions of the Commission included the following statements:

1. "It also seems reasonable for the South to work toward a goal of having by 1975 as many dentists in proportion to its population's total income as the nation has today—namely one dentist for every four million dollars of income among the population."
2. The Commission indicates that the 16 southern states will need 28,700 additions and replacements by 1975 to meet the goal of one dentist for each \$4,000,000 of the population's income. The estimated supply of dentists from current graduation and migration will be about 14,300. A deficit of some 14,300 dentists will exist by 1975.

The Commission states,

"This deficit can be reduced in one or more of three ways:

- (1) by increasing the number of graduates through building new schools and/or expanding existing schools, (2) by increasing the productivity of dentists, and/or (3) by new knowledge about dental disease that will lead to more effective programs of preventive dentistry. The comments here are concerned with the role of dental education in the South in these approaches to extending dental services."
3. "In view of the very large unmet demand expected in the Southeast it also seems desirable for the planned South Carolina school to be designed to accommodate 75 entering freshmen per year. Such a school would probably produce more dentists than South Carolina can readily absorb, and there would probably be considerable difficulty in getting enough qualified South Carolinians to fill such a

large entering class. If this school were regarded also as a regional facility, it eventually could serve both Georgia and North Carolina as well. Both Georgia and North Carolina are going to have a large unmet demand, and high student pressures which could hardly be met through the two schools in these states. They could readily supply 25 students each for the freshman class in a South Carolina school. Thus if the South Carolina dental school can be developed as a regional facility, it would make sense both educationally and economically to make it large enough to help reduce the unmet demand for dental services in nearby states."

4. "In summary, the establishment of schools in Florida, South Carolina, and the Southwest, plus the expansion of existing facilities and the development of the planned school at the University of Kentucky, would add some 7,000 additional dentists to the regional supply by 1976 (Table 10).^{*} This would remove about half of the potential deficit in the supply of dentists. Further substantial reductions in this deficit would seem to depend on changing patterns of dental practice and improved techniques that increase the overall productivity of the dentists."

The Commission in presenting its recommendations and conclusions considered many factors such as: the present and potential future per capita incomes, population increase by birth and migration, sources of dentists and auxiliary personnel and the utilization of all manpower, the potential role of preventive dentistry, and the probable impact of greater opportunities in general education upon the demand for dental services.

Three of the tables relating to income, which are presented in the SREB report, have been briefed and adapted to North Carolina and the immediate southeastern states. See Tables 1, 2, and 3. Table 4 shows the increasing age of dentists who remain in practice, and Table 5 the fact that with increased age a lesser productivity is evident. These data are important in a total consideration of the manpower needs of North Carolina.

Dental Manpower Requirements for North Carolina. The data, recommendations, and conclusions of the Commission appointed by the SREB are valuable and helpful, but the fact remains that we in North Carolina must study, evaluate, and plan for the professional needs for the people of this state. Some of the factors which must be considered in rational effective planning relate to: (1) Need versus demand for dental service, (2) the role of preventive dentistry, (3) migration of dentists, and (4) the effective use of auxiliary personnel. The age of the dentists (see Tables 4 and 5), and the distribution of the dentists in the state are other important considerations in determining availability of dental service to a given population. The four items listed above will be briefly discussed herewith.

NEED VERSUS DEMAND FOR DENTAL SERVICE

It is assumed that the basic philosophy in North Carolina, on the part of the University, the legislature, and the profession, is to provide dental manpower in response to "effective demand for dental service" rather than on the basis of "need for dental service." The term "effective demand" refers to: (1) those individuals who can pay the private practitioner a reasonable fee for required dental services; (2) contractual arrangements with city or state welfare agencies, foundations, insurance companies, or federal agencies for payment of prescribed dental treatments, and (3) the Armed Forces dental services.

If the dentist-population ratio were to be based on "need for dental service," perhaps the ratio would be on the order of about 1:500. This ratio would require about 7 to 8 times more dentists than now practicing in North Carolina.

Considering the fact that the per capita personal income in North Carolina was only \$1,236 in 1955 (average in U. S. was \$1,847), about one-

^{*} Table 10 is not presented here. This table is listed as a part of the quotation and may be found in the SREB report.

fourth of the State's population is Negro, and three-fourths of the population is rural, the dentist-population ratio of 1:3900 (1956) is more equitable than might appear reasonable by a nonresident casual observer. However, there are an appreciable number of communities throughout the State that have made a serious demand for additional dentists. There is no doubt that there is a real shortage of dentists within the state when one considers "effective demand" as a criterion for additional dental personnel.

The SREB recommendations are that North Carolina and other southern states plan their future for dental manpower, either on the basis of anticipated expanded economy, or on the basis of a ratio of one dentist for every 1,800 people.¹ The \$4,000,000 formula is based on the amount of income of population per dentist in the United States in 1955. The 1955 dentist-population ratio in the United States was about 1:1900. The question must be asked, "Is there any evident justification for the support of the dentist-population ratio of 1:1900, and, accordingly, the \$4,000,000 formula, other than the fact that such a ratio existed in the United States in 1955?" This writer maintains that no one has acceptable evidence to demonstrate or support the ratio of 1:1900, 1:1000, 1:2500, or 1:3000. This latter statement becomes more complex when the potentials in the use of auxiliary personnel and preventive dentistry are considered now and in the future.

It can be argued with considerable merit that plans for dental manpower should be based on present day economy, and that one must retain the optimistic and positive attitude regarding the future. Assuming that such an attitude is favored, this does not preclude the establishment of a flexible plan or pattern of operation which could absorb a temporary or perhaps a more significant economic recession. Such flexibility in planning envisions a greater degree of emphasis and values in preventive measures and a more effective use of all auxiliary personnel.

THE ROLE OF PREVENTIVE DENTISTRY

Many of us have been led to believe through the scientific literature and from research experiences that dental caries and periodontic problems can be prevented or controlled in a large percentage of the population, provided the people were willing to follow the recommendations of known preventive measures. To date, nowhere in the dental manpower studies, writings, or predictions has there been any favorable suggestion that perhaps the dentist-population ratio could be 1:2500, 1:3000, or 1:4000. How does anyone know whether there is in reality a shortage of dentists now in terms of effective demand if the major effort in all areas and echelons of dentistry were directed to prevention?

If preventive dentistry has no practical values in reducing the manpower needs and if preventive dentistry is not to be used as a basic weapon in the approach to the manpower problem, the future of the profession is dismal indeed. Preventive dentistry has in reality been demonstrated in a practical way on many fronts. The practice or application of preventive principles does not imply the lowering of operative standards in any way.

MIGRATION OF DENTISTS

The migration of dentists is well known to all state board dental examiners. When the economy of a given state is on the decline and other sections of the country present greater opportunities, dentists as well as other people move to a more favorable area. The state board of dental examiners can open or close the valves of the dental manpower pipeline to permit the flow of dentists according to the standards set forth in their examinations. How many dentists Florida, North Carolina, and a number of other states would have if the state examinations were not a requirement is an interesting and significant point. The potential for dental manpower in North Carolina via migration must be considered and evaluated.

AUXILIARY PERSONNEL IN MANPOWER POTENTIAL

The 1956 survey showed that 22.9 per cent of the independent dentists in the United States had no employees, ranging from 11.0 per cent in the

far west to 40.0 per cent in the middle east. A total of 69.5 per cent of the independent dentists in 1955 employed full time assistants and 8.6 per cent employed full time dental hygienists. Only 5.1 per cent of the dentists employed two assistants.³

The wasted manpower in dentistry is tremendous, perhaps as much as 35 to 50 per cent, when one evaluates the potentials of a dentist who is trained in the effective use of the assistant and when well-trained dental assistants are available. The adequate utilization of the dental hygienist and the laboratory technician, within the limits now prescribed by law, can further complement this favorable potential.

The WICHE (Western Interstate Commission for Higher Education) report relating to dental manpower requirements in the ten western states gave considerable importance to the potentials in an expanded program of training for the hygienist.⁴ The loss of dental hygienists from practice, which also is true of the dental assistant, is great due to marriage and other interests. The U. S. Public Health Service in a recent report (1957) indicated that about 30 per cent have withdrawn from professional work within one year after graduation and that only about one-half remained in practice by the third year after graduation.⁵

It should be pointed out that a further deterrent to solving the manpower problem with the two-year hygienist trainee relates to the relatively small number of girls presently interested in dental hygiene. For example, in 1956 there were only 2,475 applicants in the United States. This number does not imply qualified applicants, but refers to all who expressed a positive interest in completing applications. When one considers the total number of applicants and the losses as indicated by the U. S. Public Health Service report, it is difficult to envision the dental hygienist as an effective source of dental manpower with respect to the total state or national problem. This latter statement does not imply that an expanded program of dental hygiene education should not be encouraged by the University and the profession. The dental hygienist educational programs need vast expansion, greater recognition and support by the profession of dentistry, strong recruitment and vocational guidance leadership, and no doubt a serious re-evaluation of the basic philosophy of service of the dental hygienist to the profession.

One of the most serious problems related to dental manpower is effective utilization of the dental assistant. Throughout the country more than 95 per cent of the dental assistants are trained on-the-job, by dentists who have not been trained in the use of an assistant. Furthermore, comparatively few girls are screened to determine their aptitude for this important position. Added to this situation is the rapid turnover of these employees which requires the dentist to repeat the process of on-the-job training. The cost to the profession, to the public, and the average dentist is tremendous in wasted effort and wasted manpower. The average dentist now devotes at least six to seven years in college to achieve his D.D.S. degree, and then he spends a considerable sum of money on equipment, supplies and materials, office rent, and miscellaneous overhead. Economically and practically, the dentist cannot afford to have an employee without training and without a known aptitude for this position. Accordingly, the profession must find ways and means of training the dental assistant more adequately, and also of encouraging more women to enter this field as a career.

While there are many excellent dental assistants now employed in dental offices, the percentage of well-trained girls is in reality small. If the serious shortage of manpower is to be approached effectively and economically, large numbers of dental assistants must be trained who will have the minimum skills and knowledge required by the profession. The training of large numbers of dental assistants to meet the basic requirement of the profession in this state cannot be accomplished in the School of Dentistry. While a small number of assistants can be trained in the dental school to supply the need for "teaching the student how to use an assistant," vocational schools and colleges will no doubt assume the major role in this important area of training.

The values and potentials in the effective use of the dental assistant

are documented in a number of reliable sources. Only a few references will be cited here. Comer, using as a reference the evaluating committee reports, University of Michigan workshop, to study organization of scientific dental health service to more people, says, "The dentist increases his weekly patient load approximately 36.8 per cent by employing one auxiliary, and 68.8 per cent when he employs a second. Thus, if the dentist working alone is able to render an adequate service for ten patients per day, he will be able to serve 16 to 18 patients in the same time if he intelligently uses the services of two well-trained employees provided he has at least two, preferably three, well-equipped operating rooms, and that his office is efficiently designed and adequately equipped."⁶

In the 1953 survey of dental practice by the American Dental Association Bureau of Economic Research and Statistics, the summary statement included, "Dentists with one auxiliary employee averaged 53.8 per cent more patients than dentists with no employees; with two employees, the increase was 107.3 per cent, and with three employees, 219.3 per cent. The percentage increase in number of patients with number of employees for an entire year, as determined in this survey, was considerably greater than the increase in number of patients during a week, as determined in the 1950 survey of the Dental Profession."⁷

The 1956 survey of dental practice, conducted by the Bureau of Economic Research and Statistics, presents some additional meaningful data related to income and the use of the dental assistant.³ The greater income would reflect a greater quantity of dental service, and, thereby, complement the 1953 survey. The mean net income of independent dentists with one chair and no employees was \$7,494, with one chair and one assistant \$11,444, with two chairs and two assistants \$19,610. It also is interesting to note that independent dentists with *two chairs and one hygienist* had a mean net income of \$11,603, while a *one chair office with one assistant* had a mean net income of \$11,444. Assuming that the latter income figures, and the data referred to by Comer and the 1953 survey are reasonably accurate, the dental assistant can have a very marked favorable effect on the manpower problem, and must be considered in any determination of "How many dentists are needed." See Table 6.

Data Regarding North Carolina. Chart No. I, entitled, *Population Ratios in North Carolina, 1955-1975, Present Plan and Potentials*, indicates that in 1955 this State had a dentist-population ratio of about 1:4200. The line on the chart shows that with the present source of dentists (considering U. N. C. graduates, other graduates, loss to other states, retirement and death), and the population increases anticipated, the dentist-population ratio would be about 1:3796 in 1960, 1:3553 in 1965, and 1:3257 in 1975. The chart further indicates that, if 25 new dental students were added to each entering class beginning in 1962, the ratio would be about 1:2874 in 1975, and if 50 new dental students were added to each entering class beginning in 1962, the ratio would be about 1:2605 in 1975.

It is estimated that the present source of dentists in North Carolina will result in a net gain of about 30 per year. This takes into consideration the number of U. N. C. graduates who are residents of this State, graduates from other schools who take our state board examinations each year, losses to the Armed Forces, and retirement and death.

Assuming that everyone agreed, including the General Assembly in 1959, that there should be 25 additional dental students added to each entering class, it would be impossible to admit 25 additional students prior to the fall of 1962. The period between July 1959 and the fall of 1962 would be required to prepare architect's plans and construct a new addition to the present dental building. Another four years would elapse before any of the 25 new admittees graduated, namely, in 1966.

While the recommendation has been made to the University Administration by the faculty and Dean of the School of Dentistry, that new facilities be provided for an entering class of 75 (now admit 50 freshmen dental students each year), the probability of favorable consideration either by the University Administration, the Board of Higher Education, the Budget

Bureau, or the Legislature is remote for 1959. There are a number of other projects in the Division of Health Affairs which no doubt will receive higher priority at this time.

In addition to the latter cited recommendation on the part of the faculty and Dean, an enrollment of 60 dental hygiene students per class has been proposed, as well as a limited training program for dental assistants. An increased enrollment in dental hygiene cannot be realized prior to securing a new building. A limited training program for dental assistants may be activated through the Extension Division, depending upon the minimum requirements established by the Council on Dental Education in the coming year. The long range planning also includes a potential for the training of a limited number of dental laboratory technicians in accordance with the requirements now set forth by the Council on Dental Education.

Conclusions:

1. The question, how many dentists should there be in North Carolina, is a major consideration and responsibility of the dental profession in this state.
2. A statement, representing the views of the North Carolina Dental Society regarding present and long range requirements in dental manpower (dentists and auxiliary personnel), based on available data and study, should be forthcoming at an early date.
3. Considering this state's economy, distribution of population, the potentials in preventive dentistry, and the possible greater utilization of the dentist's time and efforts with the use of auxiliary personnel, there appears to be little justification to approach the dentist-population ratio of 1:1800.
4. The detailed study and recommendations of the faculty of the School of Dentistry, regarding the manpower requirements for dentists, dental hygienists, dental assistants, and dental laboratory technicians for the years to 1975, seem logical and practical. These recommendations warrant the considerations and possible endorsement of the North Carolina Dental Society. They are stated briefly as follows:
 - a. That twenty-five (25) additional dental students be admitted to the freshman class each year at the earliest possible time consistent with the commitments of the University and other state agencies.
 - b. That the dental hygiene program be expanded to permit the admission of 60 students per class when additional facilities can be provided.
 - c. That training facilities for dental laboratory technicians be developed, if possible, at the University of North Carolina, or at an appropriate vocational school, consistent with standards set forth by the Council on Dental Education, and consistent with the demand for such personnel in this State.
5. That a standing committee of the North Carolina State Dental Society be assigned the responsibility for finding ways and means of training dental assistants in appropriate schools throughout the state, wherein the minimum standards for such training will meet the requirements to be set forth by the Council on Dental Education.

American Dental Association:

1. Bureau of Economic Research and Statistics. Distribution of dentists in the United States by state, region, district and county, 1-62, May 1957.
2. Southern Regional Education Board, Dental Manpower Needs in the South, Atlanta, Georgia. IX and pp. 1-60, November 1957.
3. American Dental Association, Bureau of Economic Research and Statistics. The 1956 survey of dental practice, 1-56, 1957.
4. Western Interstate Commission for Higher Education and United States Public Health Service. Dental manpower requirements in the west, ix and p. 247, no date.
5. Pelton, W. J., et al., U. S. Department of Health, Education and Welfare, Public Health Service, Health manpower source book,

- Section 8, Dental Hygienists, Public Health Service Publication No. 263, U. S. Government Printing Office, Washington, 1-87, 1957.
6. Comer, O. B., Role of auxiliary personnel in augmenting services of the dentist. J. A. D. A. 52: 442 April 1956.
 7. American Dental Association, Bureau of Economic Research and Statistics: The 1953 survey of dental practice reprinted from the J. A. D. A. 47, 48, 49: 1-38, 1954.

TABLE I

AMOUNT OF INCOME OF POPULATION PER DENTIST
1930-1955 For Southern States

	Millions of 1955 Dollars			
	1930	1940	1950	1955
Alabama	1.83	2.67	4.75	5.34
Florida	1.67	2.76	3.99	4.24
Georgia	1.64	2.59	4.55	5.68
South Carolina	1.81	3.25	5.38	6.73
Virginia	1.99	3.02	4.50	5.26
North Carolina	2.00	2.99	4.75	5.26
United States	1.81	2.24	3.34	4.01

Source: Derived from data in U. S. Department Commerce, Personal Income by States since 1929, Supplement to the survey of current business, and U. S. Bureau of Census, Occupational Statistics.

TABLE II

TOTAL PERSONAL INCOME PROJECTIONS FOR THE SOUTH

	Millions of 1955 Dollars			
	1955	1960	1970	1975
Alabama	3,674	4,526	6,635	7,850
Florida	5,923	7,668	12,832	16,508
Georgia	4,882	6,122	9,006	10,911
Virginia	5,494	7,392	11,440	13,939
South Carolina	2,557	3,443	5,186	6,309
North Carolina	5,371	8,511	10,319	12,518
United States	303,391	353,967	482,328	563,025

Source: Same as table AMOUNT OF INCOME OF POPULATION PER DENTIST.

Source: Data for 1955 and earlier years are from Department of Commerce, Personal Income by State since 1929, Supplement to the Survey of Current Business. Projections were by the Division of Dental Resources.

TABLE III

PER CAPITA PERSONAL INCOME IN THE SOUTH 1930-1975
In 1955 Dollars

	1930	1955	1965	1975
Alabama	446	1,181	1,610	2,142
Florida	779	1,654	2,001	2,422
Georgia	517	1,333	1,827	2,397
Virginia	644	1,535	2,088	2,626
South Carolina	404	1,108	1,740	2,397
North Carolina	492	1,236	1,784	2,346
United States	1,047	1,847	2,175	2,550

Source: Data for 1955 and earlier years are from Department of Commerce, Personal Income by State since 1929, Supplement to the Survey of Current Business. Projections were prepared by the Division of Dental Resources, U. S. Public Health Service.

TABLE IV

AGE OF DENTISTS*
PERCENTAGE OF ALL EMPLOYED DENTISTS

Location	55 Years or Older		65 Years or Older	
	1930	1950	1930	1950
South	16	29	4	11
Florida		24.8		7.8
North Carolina		25.8		8.5
United States	15	27	4	10

* Source: U. S. Public Health Service, Health Manpower Source Book, Section 7, Dentists. Washington: U. S. Government Printing Office, 1955.

TABLE V

AGE VS. PRODUCTIVITY IN PRACTICE *

Age: Years	Patients Treated Per week
30 to 40	52.2
50 to 59	47.7
60 to 69	36.6
Over 69	27.0

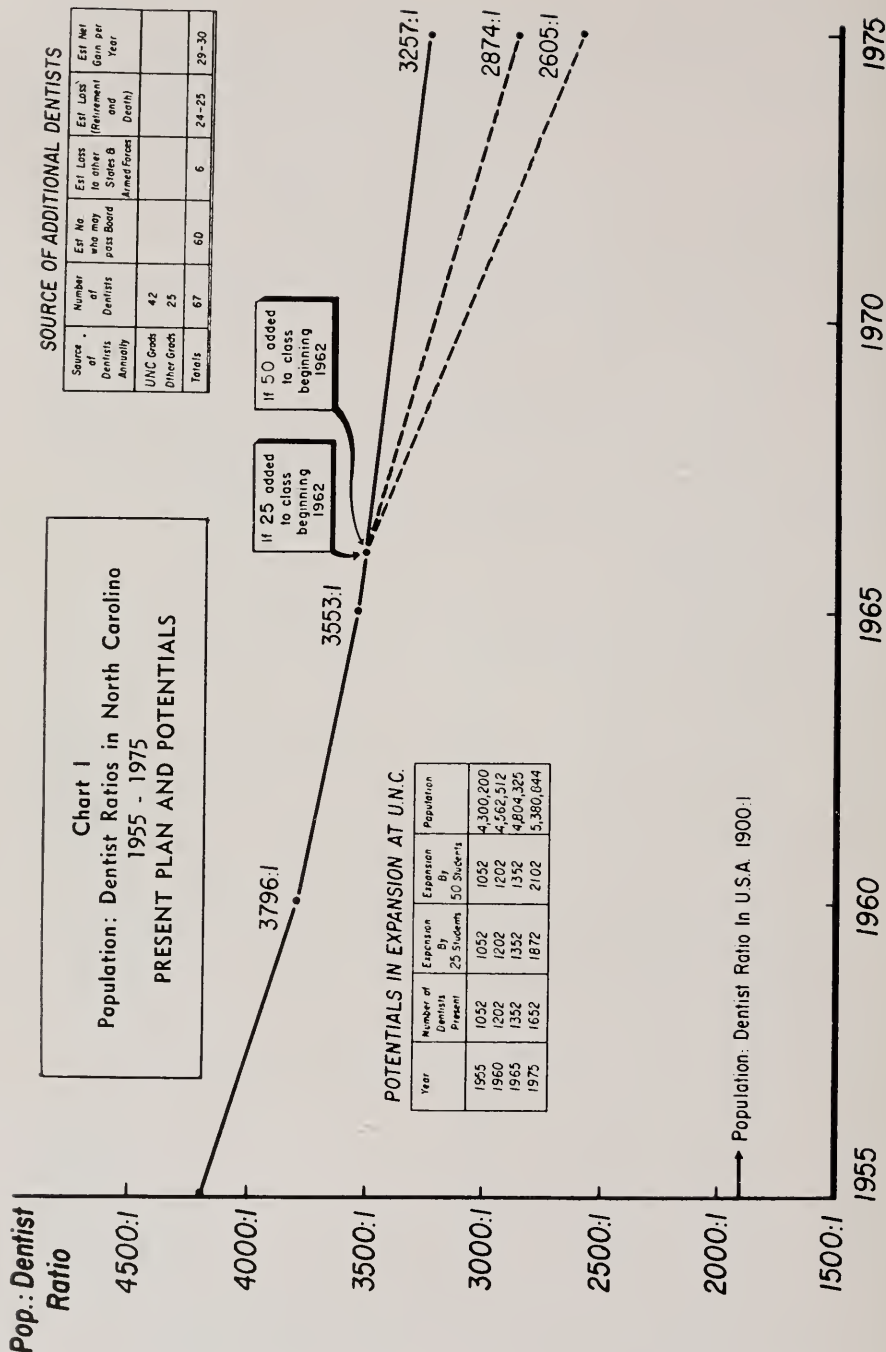
* A.D.A. Bureau of Economic Research and Statistics, 1950 Survey of Dental Profession, Chicago, 1950.

TABLE VI

INCOME VS. CHAIRS AND EMPLOYEES

No. Chairs and Type Employee	Mean Net Income
1 chair, no employee	\$ 7,494.00
1 chair, 1 assistant	11,444.00
2 chairs, 1 assistant	12,875.00
2 chairs, 2 assistants	19,610.00
2 chairs, 1 hygienist	11,603.00
3 chairs, 2 assistants	18,221.00

Source: A.D.A. Bur. of Econ. & Stat. 1956 Survey of Dent. Practice.



Obituaries

FRED J. ANDERSON, D.D.S.
 JOSEPH S. BETTS, D.D.S.
 VANCE A. BLACK, D.D.S.
 ALFRED C. CHAMBERLAIN, D.D.S.
 PAUL FITZGERALD, D.D.S., F.A.C.D.
 J. MARTIN FLEMING, D.D.S.
 WALTER R. HINTON, JR., D.D.S.
 C. L. HUTCHISON, D.D.S., M.D.
 F. E. LANSCH, D.D.S.
 EARL G. LEE, D.D.S.
 R. DEXTER TUTTLE, D.D.S.
 LEON VAN PROYEN, D.D.S.
 VICTOR V. VOILS, D.D.S.
 SAMUEL R. WATSON, D.D.S.
 GEORGE E. WAYNICK, D.D.S.

FRED J. ANDERSON, D.D.S.

Dr. Fred J. Anderson was born in Calahan, North Carolina, December 11, 1885, the son of Dr. John Fred and Elizabeth Cheshire Anderson.

He was educated at Oak Ridge Military School, Davidson College, and University of Maryland Dental School, graduating in 1909. He delayed starting practice of dentistry several years to play professional baseball. He played minor league baseball for Rocky Mount and in 1911 was signed by the Boston Red Sox and played for them until 1916. He then signed up with the New York Giants and played until 1918. He started dental practice in Statesville. He then moved to Charlotte, where he practiced until he moved to Winston-Salem to be associated with the late Dr. Phin Horton. Later he opened his own office where he practiced until he retired on January 1, 1946.

He was a member of Centenary Methodist Church, Twin-City Club, and Forsyth Country Club; the Forsyth County, Second District, and North Carolina Dental Societies, the American Dental Association, and Shriners.

Dr. Anderson died at his home November 8, 1957. He is survived by his wife Clementine Tise Anderson and one sister, Mrs. Zol Anderson of Mocksville, North Carolina.

Dr. Anderson was a great lover of outdoor sports, an avid baseball fan and enjoyed hunting and fishing.

John A. McClung, D.D.S.

JOSEPH SHAWEN BETTS, D.D.S. 1867-1957

The North Carolina Dental Society and the dental profession lost one of its outstanding members in the passing of Dr. Joseph Shawen Betts, June 10, 1957. He had practiced his profession for nearly sixty years. He came along when the Society was young and in its formative stage, and was instrumental in making great the North Carolina Dental Society as we know it today. He was a man of courage with deep conviction, a tireless worker, and maintained the highest ideals in his profession as well as in his every day living.

Uncle Joe, as he was affectionately known by his many friends and associates, was born September 5, 1867, in Scotts Hill, North Carolina, the son of the illustrious Alexander Davis Betts, D.D., and Mary Davis Betts.

Rev. A. D. Betts, his father, served as Chaplain in the Civil War, and General Robert E. Lee has been quoted as saying, "That in his opinion Rev. A. D. Betts was the ideal Army Chaplain."

Uncle Joe attended Old Trinity College now Duke University, and received his D.D.S. degree from the Dental Department of Vanderbilt University, Nashville, Tenn., in 1894. He was a member of the faculty of the Dental Department of Vanderbilt University, a few years after graduation.

Dr. Betts began the practice of dentistry in Fayetteville, North Carolina, in 1896, and about the turn of the century moved his office to Greensboro, North Carolina, where he practiced until a few years before his death.

In 1905, he was married to Miss Mary Monie of Raleigh and to this union were born three children, John M. of Greensboro, Margaret Betts Paine of Gastonia, Henry A. of High Point, and five grandchildren, all of which survive.

Dr. Betts was a very active and influential member of the state society. He was always present at the meetings. His wise counsel and enthusiasm was a great influence and inspiration to his brother practitioners. He served with distinction as president of the North Carolina Dental Society in 1905-6. He was a member of the Board of Dental Examiners from 1917 to 1932, and president of the Board of Dental Examiners from 1926 to 1932. It was in this service that Dr. Betts contributed greatly to the raising of the standards of the profession, and dentistry today owes him a debt of gratitude for his contributions. Dr. Betts served as president of his district and local Guilford County Dental Societies, and during his membership he has served on all of the major committees with honor and distinction.

He was a devoted member of West Market Street Methodist Church, where he was on the Board of Stewards and the Board of Trustees. He was also past secretary of the Quarterly Conference. He was elected a Fellow of the American College of Dentists, but was unable to be present for induction. He served as member of the Medical Advisory Board during the draft period of World War I; past director and secretary of the North Carolina Children's Home Society. He was a charter member of the Greensboro Lions Club.

In order to give a word picture as a layman's point of view of this man, a colleague in church, a member of his Sunday School Class and a patient, Mr. Colvin T. Leonard, a fellow townsman and editor of the *Greensboro Record* has consented for his editorial of June 12, 1957, to be used.

"Looking back from the vantage point of maturity, one thinks fondly and appreciatively of those whose precept and example are interwoven with the fibers of one's own life.

"It is in such a reflective mood that we mourn the passing of Dr. Joseph S. Betts, a dear friend and a wise counselor. The long years have not dimmed earliest recollections of him as the consecrated and understanding Sunday School teacher. Even more vivid are the treasured memories of enriching associations and contacts of later years. We cherish the pleasant moments in his presence only shortly before his spirit quietly slipped away.

"We will remember Dr. Betts for his gentility, kindness and gentleness. We will find reassurance in the recollection of his example of Christian living, and a challenge in the pattern of morality by which he conducted himself through his more than four score years.

"For fifty-four years, Dr. Betts was a practicing dentist in Greensboro. For almost as many years, he was active as a member of the North Carolina Dental Society, and he made exceptional and outstanding contributions to the Society and the advancement of his profession. He exemplified the highest professional and ethical standards, and was constantly zealous for them as a longtime leader of the dental society.

"Dr. Betts was of that company of men and women who advanced Greensboro's welfare and progress, tangible and intangible, in an era on which the pages are rapidly being turned. His passing means that another visible tie with those other years has been cut.

"But neither time nor death can sever the threads of memory that link us with the spirits of those whose lives have left us so much in their debt."

Dr. Betts had a host of friends both rich and poor. He treated them equally, giving them all most careful consideration. He always gave more than he asked for himself, thus he passed on to posterity a golden life, a fine example of Christian living; a great wealth of service to his patients, his community and to his profession.

Neal Sheffield, Sr., D.D.S.

VANCE A. BLACK, D.D.S.
1905-1957

Dr. Vance A. Black was born October 23, 1905, in Gaston County, the son of the late James E. and Lenora Hipp Black. Here he spent his boyhood days and attended elementary and high school. He grew into manhood in Gaston County and later came to Mecklenburg County.

At age of twenty-one, he entered the University of North Carolina as a pre-dental student, completing his work there and entering the Medical College of Virginia in March, 1929. He was graduated from there with a D.D.S. degree in 1933.

After graduation in 1933, he established his dental practice in the city of Charlotte and continued in this until 1956 when he became ill and had to retire from active work.

In 1939, he was married to Miss Thelma Helms, a graduate nurse. They have two sons, Tommy, 16 years; Milton, 14 years. He was a member of the American Dental Association; the North Carolina Dental Society; the Second District Dental Society; The Charlotte Dental Society. He was also a member of the Elks Club and other civic organizations.

It has been said that the home reflects the individuality of a man. This would qualify Dr. Vance Black as being very generous hearted; a good father and an excellent husband, because around his home life was gathered many happy hours which came from his complete enjoyment of hunting and fishing, and the great outdoors with its panoramic expression to all who may come and live in this abundant way. May the good God who gave us life give to him that eternal peace which every soul seeks to enjoy.

Dr. Black died January 24, 1958. He is survived by his wife, two sons, four sisters and four brothers.

Amos S. Bumgardner, D.D.S.

ALFRED C. CHAMBERLAIN, D.D.S.
1905-1957

Dr. Alfred C. Chamberlain was born in Reidsville, North Carolina, March 7, 1905, son of Mr. and Mrs. A. C. Chamberlain. He attended the schools of Winston-Salem, and received his D.D.S. degree from the Atlanta Southern Dental College of Atlanta, Georgia, in 1926.

Alfred was married to Miss Evelyn Wyche of Milton, Florida in 1925. He opened his office in Sanford, Florida, where he practiced for eight years. He had twenty years of successful practice in North Wilkesboro prior to his untimely death.

Alfred was quite interested in his chosen profession. He attended all meetings whenever possible, and gave many clinics, and held many official positions in the Society. He also was interested in the civic and religious life of North Wilkesboro. He was past-president of the Kiwanis Club; past Grand Chancellor of Knights of Pythias Lodge; was active in Dokeys, and a member of the First Methodist Church.

Although Alfred's health had not been good, he had travelled extensively. His hobby was taking pictures. He had color slides of his trips to Europe, Alaska and Hawaii.

Dr. Chamberlain was loved by all who knew him. He will be missed by his many friends, and by the community and patients whom he served so well.

Dr. Chamberlain died at his home May 8, 1957. He is survived by his wife, Mrs. Evelyn W. Chamberlain, one son, Richard of North Wilkesboro, and his mother, Mrs. A. C. Chamberlain, Sr., of Winston-Salem, North Carolina.

Carl A. Barkley, D.D.S.

PAUL FITZGERALD, D.D.S., F.A.C.D.
1882-1957

Paul Fitzgerald was born in Johnston County, North Carolina, on August 5, 1882, the son of a prominent farm family. After attending the local schools and Turlington Institute, he decided to study dentistry and entered Washington University, St. Louis, Missouri, where he graduated

with honors. After receiving his license to practice, he first located in his home community of Selma, North Carolina, where he practiced for only a short while before accepting some attractive and flattering inducements to move to Lynchburg, Virginia. In spite of a fast growing practice, and the many potential possibilities for economic and professional advancement in his new location, he was never quite able to overcome his intense yearning and sincere desire to come home.

In 1914, he realized his dream by returning to North Carolina and locating in Greenville, where he enjoyed a busy practice until 1952 when he retired from a full and active schedule of appointments. Even then, because of his love for dentistry, and his desire to be of service to his many friends, he frequently yielded to the appeals of many of his faithful and loyal patients of former years by serving their needs to their gratification, and in keeping with his own ideal of service.

As a neighboring practitioner for over thirty-five years, I can attest to his excellence in operative procedures. He was a man of the highest character and integrity, ethical in all of his professional and business dealings.

Paul Fitzgerald was a friendly man, adept in telling jokes and amusing incidents which were always clean and rich in humor. He loved his home and family and, while on trips, he frequently spoke to me in loving consideration of his devoted wife as she remained at home alone the many nights while he travelled over the state in the interest of his profession and the North Carolina Dental Society.

To his friends he was true, dependable and unwavering in his loyalty. His life truly exemplified the beautiful lines of Tennyson, "He bore without reproach the grand old name of gentleman." Shakespeare expressed it more charmingly, and was more descriptive when he wrote: "His life was gentle, and the elements so mixed in him that nature might stand up and say to all the world 'This was a man'."

In recognition of his leadership and devotion to his profession the members of the District and State Societies bestowed upon him the highest honors within their gift. He served as Secretary-Treasurer and as President of the Fifth District Dental Society. He served three years as Secretary-Treasurer of the North Carolina Dental Society, and later as President. Several years ago he was elected as a fellow of the American College of Dentists. He was the first dental member of the Pitt County Board of Health, and he served two terms as a member of the Pitt County Board of County Commissioners. From 1938 to 1944, he served as a trustee of East Carolina College where he rendered a valuable service to the youth of his native state.

In church affairs he was a faithful and devoted member of the Jarvis Memorial Methodist Church, and served on the Board of Stewards for over forty years. He died within a few hours after being stricken while mowing his lawn on June 21, 1957. Surviving are his devoted wife, one son, Dr. Paul Fitzgerald, Jr., Raleigh, North Carolina, one granddaughter and several brothers and sisters. He was interred in the family plot, Greenville, North Carolina. His love for his home and family, his devotion to the high ideals of his profession, his contributions to community service, and his loyalty to friends will ever remain as a monument to his name.

Z. L. Edwards, D.D.S.

J. MARTIN FLEMING, D.D.S.
1867-1957

Since our meeting in this place last year, we have lost one of our most valued members, Dr. J. Martin Fleming, who, for more than half of the existence of the North Carolina Dental Society, was a guiding spirit in its affairs.

Dr. Fleming's interest, next to his home and his church, was the welfare of the North Carolina Dental Society and its members. He loved this Society with a great devotion, and he had an abiding faith in the membership. He had many staunch friends here and many who had gone before. If I were asked to name his chief contribution to the Society, my answer would be "Ethics." The older ones among us can bear witness to

that and I am sure we are all much better because of it. It was J. Martin Fleming, more than anyone else, perhaps, who was responsible for North Carolina's being recognized as the State where dental ethics held a high place in the profession.

For many years you could see John Wheeler, J. S. Betts, J. S. Spurgeon and J. Martin Fleming together at these meetings. They are gone but not forgotten. If there is communion of the spirits, and we believe there is, these four stalwarts have a plenty to talk about. Blessed memory!

J. Martin Fleming was born in Arkansas in 1867. His parents returned to North Carolina when he was a boy of two and the family lived in Rolesville. They later moved to Raleigh. Dr. Fleming was educated at the Morson-Denson Academy in Raleigh, the University of North Carolina, where he received an A.B. degree, and the University of Maryland Dental School from which he received his D.D.S. degree. Dr. Fleming served the North Carolina Dental Society as Secretary and President. He was President of the Board of Dental Examiners from 1914 to 1926. He also held membership in the American College of Dentists.

Dr. Fleming leaves one daughter, Katherine, Mrs. W. Henry Middleton, of Raleigh. He is buried in Oakwood Cemetery in Raleigh beside his wife, the former Lelia Killian, who preceded him in death by about two years. Dr. Fleming passed away December 18, 1957. We mourn his passing, but are grateful for having known him and for his long life of service.

Ernest A. Branch, D.D.S.

WALTER ROBERT HINTON, JR., D.D.S.
1909-1957

Dr. Walter Robert Hinton, Jr., was born in Burlington, North Carolina, September 10, 1909, the son of Mr. and Mrs. Walter Robert Hinton. At a very early age, his family moved to Elon College, North Carolina, where he received his education prior to entering Atlanta-Southern Dental College, now a part of Emory University Dental School in Atlanta, Georgia. At graduation from dental school he was awarded the Gold Key of Honor for high average in his class.

After graduation he opened his office in the Jefferson Building, Greensboro, North Carolina, for the general practice of dentistry. After eight years in this work, he specialized in Oral Surgery and continued in this field until the time of his death.

He served a term in the Navy at Brooklyn Navy Yard, New York, and Camp Lejeune, North Carolina, where he rose to the rank of Commander. He was a former secretary-treasurer and a past-president of Guilford County Dental Society. He was also a member of the North Carolina State Dental Society, the American Dental Society and of the Southeastern Society of Oral Surgeons. He was a member of the First Presbyterian Church, Greensboro, North Carolina and of Greensboro Masonic Lodge 76.

Dr. Hinton was married to the former Helen Knight of Greensboro, North Carolina. They have two children, a daughter, Jane Cannon 16, and a son Walter Robert Hinton, III, age 12 years.

He passed away May 28, 1957.

W. A. Pressly, Jr., D.D.S.

CHARLES L. HUTCHISON, D.D.S., M.D.
1883-1958

Dr. Charles L. Hutchison, 75, died April 12, 1958 in Scotland Neck Hospital following a brief illness. Funeral services were conducted by the Reverend Robert E. Davis in the Trinity Episcopal Church, of which he was a member. He was buried in Old Trinity Cemetery. He is survived by one brother, L. C. Hutchison of Barnwell, South Carolina, and two nephews.

Dr. Hutchison was born in Charlotte, North Carolina, on February 16, 1883. He was a graduate in dental surgery from the University of Maryland and the University of Wisconsin and received an M.D. from Johns Hopkins University. He was a Past Exalted Ruler of B.P.O.E., a Mason and a Shriner.

M. M. Lilley, D.D.S.

F. E. LANSCHKE, D.D.S.
1918-1958

Dr. Francis Elmer Lansche died at 8:30 Tuesday night, January 14, 1958, after suffering a heart attack while en route to a Greenville Naval Reserve Unit meeting. He was forty years old. He was the son of the late William Joseph and Mary Fagan Lansche. He was born and reared in New Bern, North Carolina.

He attended New Bern public schools and Belmont Abbey Junior College. He was a graduate of the University of North Carolina, and Emory University School of Dentistry in Atlanta, Georgia, in 1943.

He practiced dentistry in New Bern several months until he joined the United States Navy in October, 1943. He remained on active duty until 1946, attaining the rank of Lieutenant. After separation from the Navy, he was affiliated with the Veterans Administration in Los Angeles for two years.

In 1948, he moved to Greenville, North Carolina, where he opened his office for the practice of dentistry.

He was a member of the Pitt County Medical and Dental Society, the North Carolina Dental Society, Fifth District Dental Society, a member of the Kiwanis Club for several years. He was appointed to a four-year term on the Pitt County Board of Health on January 1, 1956.

From 1953 to 1957, he served as Commanding Officer of the Greenville Naval Reserve Composite Company 6-26. Under his leadership, the company won an award as the outstanding Naval Reserve Composite Company in the Sixth Naval District. He held the rank of Commander in the Naval Reserve.

He was a loyal and devoted husband and father. He was a loyal devotee to the dental profession and to his fellowman. In his passing, the Greenville community and dental profession lose a loyal friend and devoted worker.

He is survived by his wife, Mrs. Virginia Andrews Lansche, formerly of Atlanta, Georgia; two sons, John and Allan; two daughters, Linda and Jo Ann.

M. B. Massey, D.D.S.

EARL GORDON LEE, D.D.S.
1884-1957

Born in Clinton, North Carolina, December 18, 1884, son of Annie Boykin Lee and Dr. Algernon Moseley Lee. He attended Clinton Elementary School, Mrs. Wright's School, Ingold, Horners Military School, Oxford, University of North Carolina, 1903 and 1904, graduated in dentistry from University of Maryland, 1907. With the exception of two years practice in Chapel Hill when studying medicine, practiced entire life in Clinton.

Dr. Lee died March 22, 1957. He is survived by widow, Mrs. Blanche Smith Lee, two daughters, Mrs. L. A. Oakley, Jr., and Mrs. O. P. Crowden, one son, Algernon Moseley Lee, and six grandchildren.

Wilbert Jackson, D.D.S.

R. DEXTER TUTTLE, D.D.S.
1892-1957

R. Dexter Tuttle was born in Stokes County, North Carolina, February 29, 1892. He was the son of David M. and Nancy Jane Kyser Tuttle.

He was educated in the public schools of Stokes County and Atlanta Southern Dental College where he graduated in 1917. The same year he opened his office in Spencer, North Carolina, where he practiced until moving to Winston-Salem in 1921.

Dr. Tuttle was married to Miss Ruth Hicks, August 4, 1920. There was born in this marriage two children.

He was a member of Forsyth County, Second District and North Carolina Dental societies, and the American Dental Association, the Psi Omega Fraternity, Masonic Lodge, and Burkehead Methodist Church.

Dr. Tuttle died December 17, 1957, after many months in the hospital. His survivors are: his wife, and two daughters Mrs. John Bullard and Miss

Mary Louise Tuttle and three brothers: Dr. R. G. Tuttle, B. W. Tuttle and Taylor Tuttle.

Dr. Tuttle will be greatly missed by his many friends and the dental profession, for next to his family, dentistry was his greatest love.

G. W. Yokeley, D.D.S.

LEON VAN PROYEN, D.D.S.

1896-1958

With this memorial we hope to help perpetuate the memory of Dr. Leon Van Proyen. "Van," as he was known to many of his friends, was born in Kalamazoo, Michigan, September 10, 1896, of parents who were natives of the Netherlands. He received his preparatory education in the Michigan schools.

Upon the entrance of the United States into World War I, Van enlisted on April 2, 1917, and became a member of the Twelfth Aerial Squadron. Along with his unit he served our country honorably in the European conflict. It was during this wartime service that Dr. Van Proyen became an enthusiastic admirer and supporter of the Salvation Army. He was so impressed by the things this organization did for the servicemen overseas that he never missed an opportunity to help the "Army."

Soon after the termination of his army service on August 6, 1919, Dr. Van Proyen was advised in the interest of his health to move to the southwestern part of the country. Because of inadequate diagnostic facilities of the time, his condition was erroneously called tuberculosis.

With restoration of his health, Van was married in 1924, to Miss Mary Gilman, a registered nurse. With her assistance, and that of her brother, who was a practicing physician, Van attended the Indiana Dental College, from which he graduated in 1927. That same year he and Mrs. Van Proyen moved to Asheville where he engaged in a commendable practice of dentistry until some five years before his death, which occurred February 13, 1958. The Van Proyens made their home in Weaverville.

In addition to active participation in the Buncombe County, Blue Ridge, First District, State, and National Dental organizations, Van was active in church, civic and fraternal groups. He was on the staff of the Aston Park and St. Joseph's hospitals. He was a member of Central Methodist Church in Asheville, the Elks Club, the American Legion and a former member of the Optimist Club, and a Thirty-second Degree Mason.

Dr. Van Proyen was always interested in all forms of athletics, especially baseball, and in all activities for the betterment of young people. It quite naturally followed, therefore, that during his membership in the Optimist Club he was largely responsible for the organization of what later developed into the "Little League" baseball in Asheville.

In addition to Mrs. Van Proyen he is survived by three daughters: Mrs. Mary Louise Goeller of Dayton, Ohio, and Misses Julia and Janet Van Proyen of the home. Dr. Van Proyen is further survived by two sisters and seven grandchildren.

We, of the Dental Society, are saddened at the passing of Dr. Van Proyen and extend to his family our deepest sympathy. Be it, therefore, resolved that a copy of this memorial be inscribed in our minutes to his memory, and a copy sent to his family.

C. Frank Rich, D.D.S.

VICTOR VERNON VOILS, D.D.S.

1899-1957

Dr. Victor Vernon Voils was born in Mooresville, North Carolina, on March 19, 1899. He was the son of Squire Charles Victor and Emma Williams Voils.

Vernon received his primary education in the Mooresville City schools. He attended the University of North Carolina at Chapel Hill, and later received his D.D.S. degree in 1923 at the Atlanta Southern Dental College in Atlanta, Georgia.

Following his graduation from dental school, Vernon entered into the practice of dentistry with his brother, Dr. Claude Voils, and was associated with him in Mooresville for a period of thirty-four years.

Vernon was a veteran of World War I, serving in the Army. He was a member of the Mooresville Rotary Club, and a member and Elder of

the First Presbyterian Church of Mooresville.

Dr. Voils was united in marriage to Miss Emilee Cely of Easley, South Carolina, on June 12, 1929.

On November 2, 1957, Dr. Vernon Voils died in the Lowrance Hospital at 2:25 o'clock in the afternoon. Suffering from a heart ailment, he had been in declining health for three years and seriously ill for two weeks.

Dr. Voils was truly a "son" of Mooresville. Not only was he born and reared in Mooresville, but spent his entire life there building a practice founded upon integrity, Christian principles of service and sound professional dentistry.

Boyce A. Brawley, D.D.S.

SAMUEL ROBERT WATSON, D.D.S.

1875-1957

Dr. Samuel Robert Watson of Henderson, North Carolina, died August 17, 1957, after a life time of service to his profession, community, and country.

Dr. Watson was born at Lake Landing, Hyde County, North Carolina, in 1875, the son of Mr. and Mrs. D. M. Watson of that county. He was educated in public and private schools of Hyde County.

He was a private in Battery J. 2nd Artillery 1896-1899 and served in Cuba in 1898. He was connected with Josiah Simpson Hospital and Fortress Monroe, Virginia, until 1905.

Dr. Watson received his D.D.S. degree from the University of Maryland in 1908. He was in private practice of dentistry from 1908 until his retirement in 1946. He was a life member of the Fourth District Dental Society, North Carolina Dental Society and a member of the American Dental Association. He was the first president and one of the organizers of the Seaboard Dental Society.

He was long a member of Holy Innocent Episcopal church in Henderson and a member of the Masonic Order. For many years, he was active in the business affairs of the community being a director in the First National Bank and the Stevenson Theatre Corporation.

In 1911, he was married to Miss Roselle Harris and they reared four children. He is survived by Mrs. Watson, Samuel Robert, Jr., of Raleigh, North Carolina, Dr. Earl of Baltimore and the University of Maryland Dental School Faculty, Mrs. Yale Coogler, Hickory, North Carolina, and Mrs. P. R. Powell of Penns Grove, New Jersey.

Thomas M. Hunter, D.D.S.

GEORGE ELDER WAYNICK, D.D.S.

1892-1957

George Elder Waynick was born in Alamance County, October 16, 1892. He was the son of Daniels W. and Mary Waynick.

He was educated in the public schools of Alamance County and Elon College. He graduated from the University of Maryland in 1917. He came to Winston-Salem and was associated with Dr. J. C. Watkins until he went into service in World War I with Base Hospital Unit No. 65. He served 14 months in France.

He was married to Dr. Italy Morse, September 8, 1919. There was born in this marriage one son, George E. Waynick, Jr.

Dr. Waynick was a member of Centenary Methodist Church, Forsyth County, Second District, and North Carolina Dental societies, the American Dental Association, American Legion, Twin City Club, Fouchard Academy and Academy International of Dentistry and Medicine.

After coming out of service he and Dr. Italy M. Waynick opened offices together in 1920 in Winston-Salem. Their son, Dr. George E. Waynick, Jr., joined them in 1955.

Dr. Waynick died November 22, 1957, after several months in the hospital, at the age of 65. He is survived by his wife, Dr. Italy M. Waynick, one son, Dr. George E. Waynick, Jr., five sisters and two brothers; Mrs. Bessie Hall of Mineral, Virginia; Mrs. Ola Varner; Mrs. Hermie Troxler; Mrs. Anne Talley of Burlington; Mrs. Irene Rycraft, Lexington; Monroe Waynick of Gibsonville and Marvin Waynick of Elon College.

W. B. Sherrod, D.D.S.

Committee Reports

STANDING AND SPECIAL
(In alphabetical order with action
by House of Delegates)

ADVISORY COMMITTEE TO THE NORTH CAROLINA DENTAL ASSISTANTS' ASSOCIATION

The North Carolina Dental Assistants' Association has been very active during 1957-58. The individual local societies and independent members have been an interested and enthusiastic group. The State Dental Assistants' Society officers have worked many hours to facilitate the organization of new societies and stimulate interest throughout the state.

There has been one new local society formed in Hickory. This group consists of fourteen members. There are prospects for two new component societies in Kinston and Shelby. The Dental Assistants' Association has experienced one set-back for the year. The Greensboro Dental Assistants' Society has disbanded, but it is hoped that they will reorganize in the near future. At this time, three members of this group have renewed memberships as independent members.

At the present time, there are two Extension Study Courses in progress—one in Statesville and one in the Asheville district. These groups will be ready for Certification examinations during 1958.

This Committee feels that the State Dental Society should be proud of the efforts of the Dental Assistants' Association and offer them every possible encouragement at our disposal.

RECOMMENDATIONS:

This report is informational in nature and no recommendations are submitted.

GUY R. WILLIS, *Chairman*

M. H. TRULUCK

D. B. SEITTER, JR.

PAUL FITZGERALD, JR.

J. C. FARTHING, JR.

Action by the House of Delegates: Accepted by title May 4, 1958.

ADVISORY COMMITTEE TO THE NORTH CAROLINA DENTAL HYGIENISTS' ASSOCIATION

I wish to commend the officers of the Hygienists' Association for a most impressive administrative year, one of which we dentists should be proud.

A program outline of the Dental Hygienists was presented to the North Carolina Executive Committee in January and approved.

At the same time the Committee recommended that the North Carolina Dental Society include the program of the Dental Hygienists in the printed programs of the state meeting. The Committee also asks that the programs of the Dental Assistants and the Dental Auxiliary be included. The time has come when we depend greatly upon the auxiliary and auxiliary office personnel. They, together, help us render a more complete service to the ever increasing patient demands. In a sense of gratitude to these organizations the Committee recommended that their programs be included with our own.

RECOMMENDATIONS:

1. That the programs of the Dental Auxiliary, the Dental Assistants, and the Dental Hygienists be printed along with the North Carolina Dental Society's.

2. That the members of the North Carolina Dental Society support

and endorse the hygienists in their efforts to establish a job placement service committee.

3. That the hygienists be encouraged in their activities as they are related to the hygienists students at the University of N. C.

RILEY E. SPOON, JR., *Chairman*

W. M. MATHESON
DONALD HENSON

H. O. LINEBERGER, JR.
W. K. GRIFFIN

Action by the House of Delegates: Recommendation 1 was referred to Executive Committee. Recommendations 2 and 3 were adopted May 4, 1958.

ADVISORY COMMITTEE FOR VETERANS ADMINISTRATION

The Advisory Committee for Veterans Administration wishes to thank Dr. Ralph Coffey, Dr. Luther Butler, and Mr. Andrew M. Cunningham for their work in making the Dental Fee Survey. We also wish to thank Dr. W. P. Weeks, Chief, Dental Service of the Regional Office, in Winston-Salem, North Carolina, for his co-operation with this committee and the North Carolina Dental Society.

This committee was charged with the task of trying to get an increase in the fees paid by the Veterans Administration. The fees paid dentists in other states have been far greater than those received here in North Carolina.

After tabulating the results of the fee survey, and checking the results against the laboratory charges, we were amazed that any dentist could work for the fees and pay their laboratory bills. Especially is this true in crown and bridge work. In several cases the laboratory charge and the fee paid by the V. A. only ranged between three and five dollars. Although we hope that we never have to depend on V. A. fees for our major income, we are morally bound to co-operate with the Veterans Administration. In order to maintain a high degree of professional standards we must negotiate a revised fee schedule.

The Veterans Administration has a standard procedure for recommending changes to fee schedule. Briefly they are:

1. No action leading to revision of existing State Fee Schedules—Dental should be taken by the Chief, Dental Service, unless a request for renegotiation is received from the appointed representative of the dental society. Justification for the revision should consist of factual evidence rather than opinion and should be included when a proposed revision of fee schedules is transmitted to Central Office for approval.

2. Any proposed revision of dental fee schedules will be returned to the station without action unless supported by acceptable justification, such as the surveys of dentists practicing within jurisdiction of the State. Surveys must include representatives of all segments of the profession. They should not be confined solely to those items listed on VA Schedule of Fees, nor should the name of the VA be identified with the survey. If this is done, surveys are usually biased. The revision may include additional items which are not contained in the present schedule, if they are recognized professional operations which are in common usage and necessary for efficient administrative action.

3. It should be pointed out to the Advisory Committee that fees negotiated represent a maximum fee which may not exceed the average fee charged in private practice in the State in question, and that each dentist in making claim for payment for services under the schedule must not charge more than the fees normally charged for similar services in his individual locality. It is required that a certified copy of the resultant findings accompany any proposed change in VA Fee Schedules—Dental.

Dr. Ralph Coffey, Dr. Luther Butler, Mr. Andrew M. Cunningham and the Chairman of this committee, spent a day in Winston-Salem in conference with Dr. W. P. Weeks, Chief, Dental Service of the Regional Office and Dr. Stanton Bordner, Area Chief, Dental Service of Atlanta. The Veterans Administration appreciated the fact that there has been a great increase in the cost to the dentist to be able to do this work, but

that we must follow the standard procedure to be able to make an increase in the fees.

RECOMMENDATIONS:

1. That the House of Delegates approve the revised fee schedule, which represents not the lowest fees nor the highest charges in North Carolina.

2. That the new committee be given the authority to present the evidence which has been gathered to substantiate this increase to the Regional Chief, Dental Service for processing.

BERNARD N. WALKER, *Chairman*

P. B. WHITTINGTON, JR.

GUY E. PIGFORD

C. H. TEAGUE

H. EDWIN PLASTER

Action by the House of Delegates: In Recommendation 1 the words "arrived at from a representative dental survey conducted in 1957" were inserted after the word "schedule." As amended, Recommendation 1 was adopted. Recommendation 2 was adopted. May 7, 1958.

CANCER COMMITTEE

During the year the cancer committee has worked closely with the N. C. Division of the American Cancer Society with your Chairman serving on the Board of Directors and Executive Committee of that organization. No doubt this association and co-operation between the American Cancer Society, the physicians, dentists, and laymen will result in a more complete understanding of mutual problems associated with this dreaded disease.

The Scientific program at the annual meeting of the N. C. Division of the American Cancer Society featured cancer of the head and neck. Dr. Marvin E. Chapin was one of the speakers for the occasion and presented the story from the dentist's point of view in an excellent manner. Many dentists were in attendance at this meeting.

RECOMMENDATIONS:

This report is informational in nature and no recommendations are submitted. However, the committee urges every dentist to accept his share of the responsibility in early cancer detection.

M. R. EVANS, *Chairman*

HAROLD PLASTER

GLENN BITLER

T. E. SIKES, JR.

COYTE E. MINGES

L. FRANKLIN BUMGARDNER

CANCER COMMITTEE (Supplemental Report)

In an attempt to evaluate the effectiveness of public and professional education in the problem of early diagnosis of oral cancer, your Cancer Committee has taken steps in the planning of an active program in North Carolina.

This planned program is designed as a pilot study and consists of the setting up of oral cancer detection centers at three places in North Carolina with the hope that other centers will be organized in many other areas within the state. The Durham-Orange County Dental Society has agreed to initiate this program by organizing three oral cancer detection centers provided they are permitted to make this venture under the sponsorship of the North Carolina Dental Society co-operating with the Cancer Committee of our State society and the North Carolina Division of the American Cancer Society.

The Oral Cancer Detection Centers as planned in the preliminary stages would be held at Duke Hospital, The University of North Carolina School of Dentistry and Watts Hospital simultaneously on Friday, October 10, 1958. Members of the North Carolina Dental Society in Durham and Orange counties would make the examinations and organize the mechanics of the program. The examinations would be free for those desiring an examination and the patients with questionable lesions would be referred

back to their private dentist and/or physician for follow-up. The patients would be required to list their family dentist and physician at the time of registration.

The North Carolina Division of the American Cancer Society has agreed to furnish volunteer workers to assist in registering and management of the patients, assist in publicity, furnish printed material such as registration and examination cards, and help in the lay education program. There is no planned expense to the North Carolina Dental Society.

Another item that is being considered is the printing of educational material. The North Carolina Division of the American Cancer Society has agreed to print and mail educational pamphlets on oral cancer detection (sample will be available at our state meeting) to all members of the North Carolina Dental Society without cost to our State Dental Society. Those dentists desiring more pamphlets for their waiting rooms could secure them in quantity, without cost, through the North Carolina Division of the American Cancer Society.

RECOMMENDATIONS:

1. That the North Carolina Dental Society endorse the cancer detection program as presented in this supplemental report.

2. That the North Carolina Dental Society permit the North Carolina Division of the American Cancer Society to print the pamphlet described above and mail the pamphlets to the members of the North Carolina Dental Society without cost to them.

M. R. EVANS, *Chairman*

HAROLD PLASTER

GLENN BITLER

T. E. SIKES, JR.

COYTE E. MINGES

L. FRANKLIN BUMGARDNER

Action by the House of Delegates: Recommendations 1 and 2 were adopted May 5, 1958.

CHILDREN'S DENTAL HEALTH WEEK COMMITTEE

First District: No report

Second District:

Winston-Salem—Newspaper releases on dental health topics by the *Winston-Salem Journal and Sentinel*.

Radio and television programs given through services of WSJS.

Dental Auxiliary arranged displays and distribution of ADA posters at all local grammar grade schools.

Charlotte—Newspaper releases by *The Charlotte Observer* and *News* concerning reasons for Dental Health Week observance, schedule of events and coverage of important personalities appearing in behalf of the Dental Health Week Program.

Radio programs were given over WBT, a panel discussing diet, oral hygiene and fluoridation; and WSOC-TV, a live half-hour program featuring five panelists. WBT-TV interviewed Dr. Harry Berry, a prominent professor of Radiology from Pennsylvania College, on its Esso News Program on Thursday evening, February 13, 1958.

Seven grammar grade schools in Charlotte were visited by teams of dentists who lectured to an estimated 1,400 sixth graders.

ADA posters were distributed in all city and county schools by the Public Health Department nursing staff.

Spot announcements were given over both radio and television stations WBT and WSOC.

Third District:

Greensboro—*The Greensboro Daily News* featured one article with very liberal coverage of tooth-brushing technique and importance of dental health.

Radio Station WBIG arranged two interviews with dentists and also ran 20- and 30-second spot announcements during Dental Health Week.

Radio Station WGBG contributed time for one five-minute talk plus time for spot announcements. Station WCOG ran spot announcements. WFMY-TV presented a fifteen-minute interview program of two dentists. WFMY-TV also displayed a dental health poster frequently during the week.

Duke Power Company displayed a dental unit, chair, X-ray viewer and dental models in its downtown office building. The display featured a manikin of a dentist and two children with posters showing the proper foods to eat.

One school accepted the offer of Greensboro dentists to visit the classrooms with lecture material on dental health.

Fourth District: No report

Fifth District:

Roanoke Rapids—All elementary schools were visited and posters made available to all grades from first through the sixth.

Local newspapers were cooperative in printing available dental health material.

Spot announcements were run on the local Radio Station.

New Bern—Television Station WITN, Washington, contributed time to the Fifth District Dental Society for a program in observance of National Children's Dental Health Week. This station affords excellent coverage of Eastern North Carolina.

RECOMMENDATIONS:

1. Arrange an annual lecture to be given at the State Dental Convention on *The Importance of Dental Health Education*.

2. Inasmuch as newspapers, radio and television media are our chief sources of broadcasting dental health education and inasmuch as these sources are shying more and more away from the various "weeks" which are observed throughout the year, it is recommended that the name of this committee be changed to leave off the word "Week." In doing this, it would become a necessity to disperse our educational endeavors throughout the year instead of concentrating all of them in one week. This would accomplish two things; i.e., it would prevent so much work being placed on so few members of the State Society in such a short interval, and it would enable this committee to educate more children on proper dental care.

STUART A. BARKSDALE, *Chairman*

Action by the House of Delegates: Recommendation 1 was referred to Executive Committee. Recommendation 2 was rejected. May 4, 1958.

CLINIC COMMITTEE

The Clinic Committee has secured 27 excellent table clinics from the following sources:

First District	4
Second District	4
Third District	1
Fourth District	3
Fifth District	3
N. C. Dental Hygienists' Association.....	1
N. C. Dental Assistants' Association.....	6
UNC School of Dentistry.....	3
Other	2
Total number of table clinics.....	27

The Committee would like to take this opportunity of thanking all the organizations represented above for their fine cooperation in support of this important phase of our annual session. We are indebted to all individuals involved for their willingness to share their knowledge with others through this medium.

RECOMMENDATIONS:

This report is informational in nature and no recommendations are submitted.

C. D. EATMAN, *Chairman*

Action by House of Delegates: Accepted by title May 4, 1958.

CLINIC BOARD OF CENSORS

This committee has no report to make at this time. We will survey the Table Clinics thoroughly and recommend some for presentation at the ADA meeting.

RECOMMENDATIONS:

This report is informational in nature and no recommendations are submitted.

THOMAS G. NISBET, *Chairman*

Action by the House of Delegates: Accepted by title May 4, 1958.

CLINIC BOARD OF CENSORS

Supplemental Report

The Clinic Board of Censors wishes to commend all the table clinicians for excellent and informative presentations and to thank them for participating in this phase of the annual session.

The following table clinics are being recommended to the American Dental Association for presentation at the annual meeting in Dallas, Texas, November 10-13, 1958.

1. Dr. J. B. Freedland, Charlotte, "Accessibility for Instrumentation, Sterilization and Sealing of Root Canals"
2. Dr. Kenneth Ray, Asheville, "Reinforced Stationary Bridge Abutment Teeth"
3. Dr. Paul M. Cummings, Jr., Chapel Hill, "Splinting"
4. Dr. J. A. Pearce, Raleigh, "Full and Immediate Denture Construction, Utilizing Stabilized Trays"
5. Dr. A. Dwight Price, Chapel Hill, "Impressions and Transfer Models for Crowns and Bridges"
6. Dr. S. D. Peterson, Jr., Charlotte, "A Method of Replacement of Acrylic on Veneer Crowns"
7. Dr. Donald L. Henson, Kinston, and Dr. James H. Lee, Mount Olive, "Pedodontics by Yaupon Study Club Members"

THOMAS G. NISBET
Chairman.

May 8, 1958

CONSTITUTION AND BY-LAWS COMMITTEE

Your Constitution and By-Laws Committee was requested by the Executive Committee to study and consider the suspension of dues for members of the Society who may be taking post-graduate work and any member who may be sick or have hardships. Your committee does not approve of exempting a member from paying dues because he is taking post-graduate work. As to sickness and hardship cases; we believe the Society has provided for these members in times past and can continue to do so in a careful and sensible manner. To authorize the Executive Committee or any other committee to grant waivers of dues may start a chain reaction of requests that would produce one headache after the other.

Your Constitution and By-Laws Committee does not recommend any changes in our present Constitution and By-Laws.

RECOMMENDATIONS:

This report is informational in nature and no recommendations are submitted.

MARCUS R. SMITH, *Chairman*

Z. L. EDWARDS

B. N. WALKER

S. W. SHAFFER

A. P. CLINE

Action by the House of Delegates: Accepted by title May 4, 1958.

COMMITTEE ON PRESIDENT'S ADDRESS

We wish to commend President Ralph D. Coffey on his splendid address. It is evident that many hours of study and concentrated thought went into its preparation. The thoroughness with which he covered the various areas of organized dentistry gave evidence of his knowledge and his concentrated devotion to his profession and the North Carolina Dental Society in particular.

RECOMMENDATIONS:

The committee would like to report the following on the recommendations contained in the President's Address.

1. *Investments.* The Committee notes that idle funds of the Society have now been invested in building and loan stocks. We approve of this procedure.

2. *Development Fund.* The Committee approves the President's recommendation that the Development Fund be incorporated in order that tax deductible contributions may be made to this fund.

3. *Relief Fund.* The President recommended that a committee be appointed to study the relief fund problem and make a report at the next annual meeting. The Committee on the President's Address approves this study. However, it recommends that the Relief Committee be instructed to make this study rather than a new committee be appointed.

4. *Journal.* While we are in agreement with President Coffey that it would be a great help to the Officers and Delegates to have a verbatim transcript of the Proceedings of the North Carolina Dental Society, we feel that this matter should be referred to the Executive Committee for a final decision. It would involve an outlay of a considerable amount of money and we feel the Executive Committee, which is responsible for the finances of the Society should make the decision.

5. *Fluoridation.* The Committee heartily approves the President's recommendation that the North Carolina Dental Society again reaffirm its position on fluoridation, and urge all towns and communities without fluoridation to continue their efforts to fluoridate their water supplies.

6. *Civil Defense.* President Coffey has recommended that the Committee on Military Affairs and Civil Defense institute a program of training in all five districts. We concur in this recommendation.

7. *Credit Plan.* While the Committee wishes to compliment the President in his effort to make credit plans available to patients throughout the state and approves the idea, the Committee wishes to emphasize that such a plan should be tempered with caution so that the patients are not over-sold on their dental needs.

8. *Dental Fee Schedules.* The President has recommended that the Society seek an adjustment of fee schedules for all agencies not reported in committee reports at this session. The Committee approves this recommendation.

9. *Dental Service Corporation.* The President recommended the immediate formation of a Dental Service Corporation. We approve this recommendation.

J. F. REECE, *Chairman*

J. A. McCLUNG

HORACE K. THOMPSON

C. C. POINDEXTER

D. L. PRIDGEN

Action by the House of Delegates: Recommendations 1, 2, 3, 5, 6, 7, 8, and 9 were adopted. Recommendation 4 was deleted and the Recommendation made by President Coffey in his address was substituted therefor, which read, "that the verbatim transcript not carried in the Proceedings (August Journal) be mimeographed and given to the officers and delegates." The substitute Recommendation was adopted. May 5, 1958.

CONVENTION COMMITTEE

The members of the Convention Committee have worked diligently, singly and collectively, to plan, coordinate and execute the activities in preparation for the annual meeting of the North Carolina Dental Society in Pinehurst in May.

The Committee Chairmen met on Saturday night, January 11, in Pinehurst prior to the Executive Committee meeting on January 12. Each committee chairman reported on the program of his committee and this will not be expounded on here for it would be a repetition of the individual reports being sent in at this time. The duties of each committee had been very clearly defined at the time of appointment, and at the January meeting the fringe duties that may overlap in various committees were assigned to definite members.

I have had a meeting with Mr. Delaney, the Manager of The Carolina and with Mr. Whitcomb, the Superintendent of Service at The Carolina, since the January meeting, and have been assured of the co-operation of the Hotel.

RECOMMENDATIONS:

This report is informational in nature and no recommendations are submitted.

SAMUEL H. ISENHOWER, *Co-Chairman*

Action by the House of Delegates: Accepted by title May 4, 1958.

COUNCIL ON DENTAL HEALTH AND INFORMATION

The Council on Dental Health and Information is concerned with ways and means of improving the dental health of the public. In the final analysis the problem resolves itself into the development of plans and programs in three areas. They are: public health preventive measures, such as, the fluoridation of municipal water supplies; educational procedures; and dental care program.

During this current year the Council on Dental Health of the American Dental Association has redefined its duties and those of State Councils, placing emphasis on the area of dental care and including such matters as payment plans and the medicare program. Inasmuch as our State Society has other committees charged with these functions, our committee has confined its activities to developing the other phases of the problem.

The "fight for fluoridation" is still on and we want to commend the members of the Society for their active participation in this movement. The statistical gains in towns and population during this year are not spectacular, but certain strategic victories have greatly strengthened the cause. Since our last report the number of communities adopting fluoridation has increased from twenty-three to twenty-five and the population served from approximately 500,000 to 600,000. We wish to cite the winning, by a good majority, of the second referendum in Raleigh as one of the significant successes for fluoridation. Another is the recent re-affirmation by the American Medical Association House of Delegates of its endorsement of water fluoridation "as a safe, practical method of reducing the incidence of dental caries." Dentistry has reason to be proud of its contribution in advancing this, one of the greatest public health measures of all time, but there is no room for complacency while its adoption is in the balance in so many communities. Each of you has an obligation to your community. Literature, films, and speakers are available through the Division of Oral Hygiene of the State Board of Health to assist you and your community in furthering the cause of fluoridation.

Any approach to the task of improving dental health conditions must lean heavily on education as a tool. The Council on Dental Health and Information interprets this as two-fold—education not only of the public, but also, of the profession. In the matter of education as related to the profession we are, again, in the province of another committee. May it suffice that we commend to you the fine opportunities for professional growth afforded through your own and affiliated Societies and the Dental School at Chapel Hill.

This committee is particularly concerned with your acquiring information and understanding of dental public health problems and procedures. A good working relationship between public health practice and private

practice is recognized as essential to the well being of both. It is for this reason that annual reports and periodic news releases are sent to you by the Oral Hygiene Division of the State Board of Health. The Council on Dental Health recommends that efforts be made to interpret and strengthen this interrelationship and views with satisfaction, as an effective step in this direction, the joint meeting of Dental Members of the State and County Boards of Health with the Officers of the District Societies.

North Carolina was the second State to have a dentist on the State Board of Health and the first to have a law requiring that each County Board of Health have a Dental Member. For years the dentist on the State Board of Health held this membership by courtesy of the Governor. The 1957 General Assembly enacted legislation making it mandatory. We should be alert to the benefits inherent in this dental representation. Dental Societies in many of our sister States are now working for similar legislation.

We see many references to North Carolina's relative position in various educational ratings. Often it is not at the top. We believe that it does stand among the first when it comes to dental health education, that is, the educational level of our citizens in matters pertaining to dental health. The high standard and, yes, the prosperity of the profession are proofs of this.

A sound program of dental health education which has been in operation during a period of 30 years is paying off in

1. a people with better than average dental health.
2. a demand by these people for the services of the private practitioners.

This program of the Division of Oral Hygiene of the State Board of Health should be familiar to each of you. You have received the annual report.

Of course the ultimate objective of any plan or program for dental health is for each and every individual, not only to know and practice correct dental health habits, but also, to have available and to utilize the needed services of a good dentist. Availability implies accessibility of the dentist and financial competence of the patient, while utilization implies motivation. We have not attained our goal in any one of these respects. North Carolina still has counties without a dentist; there are groups who cannot avail themselves of the services of private practitioners for geographical or financial reasons; and there are many who do not seek dental care even though they are financially able to do so.

We all know that the attainment of the goal of adequate dental care for all segments of the population is impossible with present resources of funds and dental manpower. Therefore, it is necessary to concentrate our efforts on a particular segment, and it is generally agreed that providing dental care for children of school age, especially those under 13 years of age, will yield the greatest returns. Dental corrections for those in this age group are not only control techniques, but are also preventive measures in that they reduce the incidence of such sequelae as oral and systemic infections.

This committee reports with a degree of satisfaction progress in the matter of dental care for our children. Of course the children who should be patients of the private practitioners constitute the majority. We believe that more and more of these children are finding their way to your offices. Well over 100,000 are referred to you each year by the State School dentists and the dentists in local health departments. An equally large number are influenced by educational activities, such as the Little Jack puppet show.

A substantial number of the children, to whom services of the private practitioner are not available for geographic and financial reasons, are receiving needed dental services from the public health dentists on State and County staffs. These services have an educational as well as corrective value because the dentists, with special aptitudes, training, and experience in working for children, endeavor to make each child's visit a satisfactory dental experience. This takes time but it is our considered

opinion that it is time well spent in establishing favorable attitudes toward dentists and their services among the recipients and, also, among their friends and classmates.

Supplementing the services rendered by the public health dentists for the underprivileged children are those rendered by private practitioners with funds from the School Health Coordinating Service.

Thus, in the area of dental care, many of our children are receiving much needed dental attention. We hold firmly to the conviction that dental care programs for children concerned only with correcting existing dental defects fall far short of the possibilities. The educational opportunities presented by the situation must be used to the end that the children worked for will acquire knowledge and attitudes which will lead them to value the services of a dentist and to assume responsibility for their own dental health as soon as they are able to do so. We do not want them to become charity patients, and we all know that ignorance, indifference, and fear are greater deterrents than poverty when it comes to seeking dental care.

RECOMMENDATIONS:

This report is informational in nature and no recommendations are submitted.

E. A. BRANCH, *Chairman*

E. S. BENSON, JR.

S. H. ISENHOWER

R. F. JARRETT

HARRY A. KARESH

Action by the House of Delegates: Accepted by title May 4, 1958.

DENTAL ADVISORY COMMITTEE TO THE UNIVERSITY OF NORTH CAROLINA

On August 13 and 14, the Commission on Dental Education in the South met with representatives of Southern State Dental Societies to discuss a study just completed on dental education in the South and the future needs for dentists. The Chairman of this Committee and Executive Secretary Andrew M. Cunningham represented the North Carolina Dental Society at this meeting.

The results of this study and conference were summarized in a brochure which was included in the October Newsletter and mailed to every member of the Society. Members interested in the complete report, may secure one by writing the Southern Regional Education Board, 881 Peachtree Street, N. E., Atlanta, Georgia. Since this material has been published and is available, this report will not include any details. The Committee commends the findings and the recommendations of the Commission to each member for serious consideration and study.

On December 7 the Committee met at the UNC School of Dentistry. Dr. John C. Brauer, Dean, UNC School of Dentistry reported on dental manpower in North Carolina and long range plans for possible expansion of the facilities of the UNC School of Dentistry to meet future demands and needs in this area. The Committee felt that Dean Brauer's estimate of the situation was conservative and unanimously went on record as endorsing the program as he outlined it to the committee as follows:

(1) That 75 students of Dentistry be admitted to each class rather than the present number of 50. Dr. Brauer explained that it would be impossible to admit any additional first year students prior to the fall of 1962, assuming that the University Administration, Board of Higher Education, the Budget Bureau and the Legislature all gave the "green light." He estimated that in all probability Dentistry's priority cannot be realized before the 1959 Legislature and perhaps not for a period of five or more years. In other words, each year of delay beyond Legislative approval in 1959 would likewise affect a delay in admission of additional numbers beyond the date of 1962.

(2) That the School accept 60 Dental Hygiene Students per class, rather than the present 15. Dr. Brauer said this cannot be accomplished prior to new building procedures and that if 60 were accepted per class, perhaps only 50 would graduate because of academic failure.

(3) That consideration be given to admitting 90 girls for training as Dental Assistants, wherein such training would be of an intensive type for three summer months, and then "on the job" training during the following nine months in the clinic. Dr. Brauer said there would be considerable mortality through academic failure during the summer session as well as during the "on the job" training period and that such training in all probability would be accomplished through the Extension Division. He also stated that further consideration is being given to some type of training for the Dental Laboratory Technicians, wherein a number not to exceed 25 would be admitted each year.

(Dr. Brauer made it clear that all the above considerations were tentative at this time and reflect the thinking of the Dean and Faculty at this stage of planning.)

Further, the committee recommended that the State Society support the proposed expansion program.

Also, the Committee agreed to request the Executive Committee to give Dr. Brauer an opportunity to appear on the program of the General Session of the North Carolina Dental Society at its 102nd Annual Session in May in order that he might present to the Society the dental manpower picture in North Carolina and the future role of the UNC School of Dentistry in meeting the demand and need for dentists. The Executive Committee agreed to do this and consequently Dr. Brauer will speak before the General Session in Pinehurst on Monday morning May 5, and the members will be able to hear this information first-hand.

The Committee advised Dr. Brauer that the Society was desirous of establishing a dental museum at the School of Dentistry in Chapel Hill. Dr. Brauer stated that there was no room in the Dental School itself. If this expansion program is adopted there is included within the frame work space for a dental museum.

RECOMMENDATIONS:

That the House of Delegates endorse Dean Brauer's program for expansion of dental school facilities as outlined in the body of this report.

S. H. STEELMAN, *Chairman*

Action by the House of Delegates: Recommendation of Committee was adopted. May 6, 1958.

DENTAL FORMULARY COMMITTEE

The *Dental Formulary* is now being published and will be ready for distribution at the annual convention at Pinehurst in May. Every dentist who is a member of the North Carolina Dental Society will be eligible for one, and each dentist that receives a copy will be asked to contribute one dollar and fifty cents to help defray the cost of publication.

Senior dental students will also be eligible for a copy for a contribution of one dollar and fifty cents. Non-members of the society will be allowed to receive a copy for a contribution of three dollars.

We will have available a total of twelve hundred and fifty copies.

RECOMMENDATIONS:

1. That the North Carolina Dental Society maintain the Dental Formulary Committee as a permanent committee of the society.

2. That the Dental Formulary Committee be authorized and responsible in conjunction with a similar committee from the North Carolina Pharmaceutical Society—for further printings and necessary revisions of the *Dental Formulary*.

DUNCAN M. GETSINGER, *Chairman*

Action by the House of Delegates: In Recommendation 1 the word "special" was substituted for the word "permanent" and Recommendation 1 was adopted as amended. Recommendation 2 was adopted. May 4, 1958.

ENTERTAINMENT COMMITTEE

Your committee submits the following entertainment plans for your 1957-58 meeting.



(Above) Billy Joe Patton of Morganton, nationally recognized amateur golfer, was guest speaker at the Golf Banquet. At the head table are (left to right) Dr. S. E. Moser, Mrs. Moser, Dr. Norman F. Ross, Chairman of the Golf Committee, (Billy Joe Patton), Mrs. Charles S. Cooke, Dr. Cooke, Dr. Luther H. Butler and Dr. C. D. Eatman. (Below) Dr. and Mrs. Walter T. McFall greet Dr. and Mrs. S. B. Towler at the reception.

Tuesday, May 6, 1958..... 5:00-7:00 p.m.
 Reception honoring President-Elect ADA, Officers of the North Carolina Dental Society and Guest Clinicians during which refreshments will be served and background music will be by a trio or a quartet from Buddy Baer's Orchestra.
 Banquet 7:00-8:30 p.m.
 Floor Show 8:30-9:30 p.m.
 Lou Testa's Roller Follies
 Dancing 10:00 p.m.-1:00 a.m.
 Music by Buddy Baer and his Orchestra
 The entertainment is being brought within the budget of \$1,450.00.

RECOMMENDATIONS:

This report is informational in nature and no recommendations are submitted.

PEARCE ROBERTS, JR., *Chairman*
 CHARLES A. JARRETT HENRY C. HARRELSON, JR.
 E. D. BAKER J. E. MOSER

Action by the House of Delegates: Accepted by title May 4, 1958.

ETHICS COMMITTEE

No infractions of the Code of Ethics of the North Carolina Dental Society have been reported to the Ethics Committee this year.

Your Ethics Committee feels that there is a definite need for clarification of the Code of Ethics as it applies to various areas of the dentist's professional life. The Code of Ethics is written in general terms and consists of principles rather than actual laws. This is as it should be. These principles are applicable everywhere. However, the interpretation of these principles in practical and definitive terms may vary by necessity in different communities and locales.

Your Ethics Committee met in Pinehurst, January 12, 1958, and began a study which we hope will result in the establishment of standards of advertising, cards, letterheads, announcements, office door lettering and other areas of professional activity for the guidance of local and district societies in interpreting the Code of Ethics, especially to the new man entering the profession. It has been our experience, that applications of the Code of Ethics to the problems facing a dentist just beginning his career have often been vague and ill-defined. It has in some instances, resulted in needless embarrassing situations which were eventually solved satisfactorily. This could have been avoided, had definite standards been readily available.

Your committee expects to meet once again in Pinehurst during the annual meeting to further develop this study. Any progress made at that meeting will be included in a Supplemental Report.

RECOMMENDATIONS:

This report is informational in nature and no recommendations are submitted.

G. L. HOOPER, *Chairman*
 C. E. MINGES H. D. FRONEBERGER
 H. K. CROTTIS H. V. MURRAY

ETHICS COMMITTEE
 (Supplemental Report)

RECOMMENDATIONS:

We recommend that the House of Delegates go on record as opposing the practice of certain Post Graduate Clinics issuing diplomas to individuals attending these clinics and the publicity given to these clinics.

G. L. HOOPER, *Chairman*

Action by the House of Delegates: A substitute recommendation was adopted which read as follows: "That the Ethics Committee deal directly with the practice of certain unethical post graduate clinics. If the Committee needs further support, the matter should be presented to the House of Delegates during the 1959 session for further action." May 5, 1958.

EXHIBIT COMMITTEE

The Exhibit Committee this year was faced with the problem of providing increased revenue. Each year, with rising costs and an expanded program, the expense of the annual meeting increases.

For the past two years, we have offered exhibit space on both the South and North Wing porches. This division of the exhibit area did not prove satisfactory. The exhibit space on the North Wing did not sell. Therefore, it was decided to confine the commercial exhibit area to the South Wing this year.

In co-operation with The Carolina and Shepard Decorating Company, a new floor plan was made which permitted more exhibitors than in past years on the South Wing. Also, the fee for exhibit space was increased from \$75.00 to \$85.00 for a regular 6' x 4' booth and from \$100.00 to \$120.00 for the two glass enclosed booths. As a result, for the 1958 session 73 spaces were available for rent which would yield a potential revenue of \$6,275.00.

Sale of Exhibit Space 1958—as of April 18, 1958

Total exhibit space available:

71 spaces @ \$ 85.00.....	\$ 6,035.00
2 spaces @ \$120.00.....	240.00

73 spaces—Potential Revenue	<u>\$ 6,275.00</u>
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Spaces sold to date:

64 spaces @ \$ 85.00.....	\$ 5,440.00
2 spaces @ \$120.00.....	240.00

\$ 5,680.00

Collected to date.....	5,616.25
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Balance Due	<u>\$ 63.75</u>
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Last year the Exhibit Committee adopted a policy of not admitting representatives of laboratories and commercial concerns to the annual session unless they had an exhibit booth. Although we still believe this to be a fair policy, it is difficult to enforce and does create hardships and even hard feelings on the part of some laboratories. This year, the Exhibit Committee has decided not to enforce this policy.

As indicated from the above figures, our total revenue from exhibit space this year is \$5,680.00. We sold 66 spaces to 55 individual exhibitors.

In view of the fact that the so-called "recession" has necessarily curtailed participation by dental supply houses and others this year and also that there are 8 state dental meetings scheduled (including near-by Virginia) the same dates as ours, the committee feels extremely fortunate that gross income from the sale of exhibit space is even better than last year. In 1957 we sold 67 booths to 54 exhibitors for a total revenue of \$5,443.75.

RECOMMENDATIONS:

This report is informational in nature and no recommendations are submitted.

E. A. PEARSON, JR., *Chairman*

T. G. COLLINS, *Co-Chairman*

Action by the House of Delegates: Accepted by title May 4, 1958.

EXTENSION COURSE COMMITTEE

The Extension Course Committee has encouraged and helped to activate study groups during the year. We find that there is a definite interest in higher dental education in the state. The interest shown in the post graduate courses given by the School of Dentistry at the University of North Carolina is most gratifying.

We feel that the profession should work closely with the Extension Department of our School of Dentistry.

RECOMMENDATIONS:

This report is informational in nature and no recommendations are submitted.

H. ROYSTER CHAMBLEE, *Chairman*
 S. H. SHORT C. D. GERDES
 Z. L. EDWARDS, JR.

Action by the House of Delegates: Accepted by title May 4, 1958.

GOLF COMMITTEE

The Golf Committee requested and obtained an appropriation of one hundred and fifty dollars (\$150.00) to use for trophies and prizes. This eliminates the custom of asking the supply houses and dental laboratories to provide these. The Executive Committee instructed that we defray the meeting expenses of Mr. Billy Joe Patton, the outstanding amateur golfer, out of the appropriation. This year, Mr. Patton will present the awards and speak during the Sunday dinner.

In addition to the regular green fees, there will be a fifty cent registration fee to our annual Golf Tournament to help defray expenses.

The tournament will be held on Sunday, May 4, starting at 9:00 a.m. and all scores must be in at 6:00 p.m. so that the prizes can be awarded at the dinner immediately after. Any members playing more than 18 holes are requested to turn in their scores for the first 18 holes.

RECOMMENDATIONS:

1. That the policy of *not* soliciting dental laboratories and dental supply houses for prizes for golf tournaments, skeet-shoots or other special events be continued in the future.

2. That an annual appropriation be authorized by successive Executive Committees to insure that some fine master trophies can be kept in the Central Office, with miniature replicas being awarded to the annual winners in the "Low Gross" and "Low Net" classifications. Also, that a dozen other prizes be purchased and awarded yearly on the Callaway Handicap basis.

3. That a three-time winner of either replica be awarded the master trophy, and that another master trophy be purchased to replace it.

4. That the previous donors of prizes among the supply houses and laboratories be sincerely thanked for their many kindnesses and courtesies in the past.

NORMAN F. ROSS, *Chairman*

Action by the House of Delegates: Recommendations 1, 2, 3, and 4 were adopted. May 4, 1958.

HOSPITAL DENTAL SERVICE COMMITTEE

The Council on Dental Service of the ADA is to be congratulated on the wonderful progress and service they have rendered in behalf of the public and the dental profession in their negotiations with the Hospital Accreditation Association concerning the dentists and dental patients served in accredited hospitals.

There are many complex and varied opinions on how to best serve the dental patient in the hospital. One school of thought is that the ADA should sponsor a Hospital Accreditation Board composed solely of dentists to evaluate the type of dental service rendered in the hospitals and the qualifications of the individual dentists privileged to practice their specialty or profession in hospitals. This idea has merit.

Another school of thought is that the present Hospital Accreditation Association should be composed of a representative number of dentists on the board to evaluate the type of dental service rendered in hospitals. The Hospital Accreditation Association, as of now, is composed of fifteen members, none of whom are dentists, and it attempts to evaluate the qualifications of all dentists privileged to practice in hospitals, and the quality of dental service rendered therein.

One of their requirements for hospital accreditation is that every dental

patient must have a physical examination by a staff member having an M.D. degree before a general anaesthetic may be administered for a dental operation. This is asinine and presumptuous on the part of this group, as no court in the United States has ever questioned the authority of a duly licensed dentist to examine a dental patient, or administer a general anaesthetic for a dental operation.

After a patient has been affirmed to be a good general anaesthetic risk for a dental operation, unexpected and critical complications many times arise. Then the importance of knowing how to cope with this emergency many times foreshadows the information obtained in the initial examination. If the dentist accepts the dogma proclaimed by the fifteen member board of the Hospital Accreditation Association that no dentist is qualified to evaluate a dental patient for a general anaesthetic to be administered in a hospital, he is, by the act, placing all of those dentists that do examine and administer a general anaesthetic agent in their own hospital or office in a more precarious position.

The dentist should be able to evaluate, examine, and request the necessary consultations for the best interests of the dental patient in a hospital equally as well as he does in his private office or clinic.

In view of this complex problem, with its many ramifications, Be It Resolved That:

RECOMMENDATIONS:

1. The American Dental Association through its Council on Hospital Dental Service, seek official representation on the Joint Commission on Accreditation of Hospitals.

2. The dentists on the Commission evaluate the dental services and that future dentists, privileged to practice in hospitals should meet the requirements of the various specialty boards of the dental profession when available.

3. That this Resolution be forwarded to the House of Delegates of the ADA for their consideration at the 1958 annual meeting.

RALPH L. FALLS, *Chairman*

Action by the House of Delegates: Recommendations 1 and 3 were adopted. Recommendation 2 was changed to read: "The dentists on the Commission evaluate the dental practices and that the dentists on the Commission protect the interests, rights, and privileges of all dentists participating in hospital services," and adopted. May 6, 1958.

HOUSING COMMITTEE

Last year the Housing Committee reduced complaints on housing by (1) establishing a modified housing bureau arrangement with The Carolina, and (2) holding to a minimum the number on the "preferred list" who were given priority on reservations at the headquarters hotel. These two measures effectively reduced the complaints on housing that had been experienced in previous years and certainly rendered the membership more satisfactory service as far as hotel accommodations are concerned.

Because it worked so well the same general plan was followed this year. On the hotel applications, space was provided for listing first, second and third choice of hotels. A list of hotels and rates in Pinehurst (in addition to The Carolina) was furnished the membership. The Carolina endeavored to comply with the preference indicated, insofar as possible.

With the approval of the Executive Committee, the Housing Committee limited accommodations at the headquarters hotel (The Carolina) to dentists, staff members of the N. C. Dental Society and those assisting the staff and committees in the actual operation of the convention. Also, preference for accommodations at the headquarters hotel was limited to members of the House of Delegates, and Chairmen and Co-Chairmen of Committees having duties to perform at the annual session.

Hotel application forms were mailed to the membership (and certain out-of-state visitors) by the Central Office February 15, due notice having been prominently displayed on the first page of the February Newsletter.

RECOMMENDATIONS:

This report is informational in nature and no recommendations are submitted.

W. HOWARD BRANCH, *Chairman*

Action by the House of Delegates: Accepted by title May 4, 1958.

INDUSTRIAL COMMISSION COMMITTEE

The Industrial Commission Committee is pleased to report that a revision of the dental fee schedule pertaining to the North Carolina Workmen's Compensation Act has been effected. This revision of fees is included in the new 1958 fee schedule issued by the North Carolina Industrial Commission.

It will be noted that of the thirty-nine items in the old schedule all but eleven were increased, some as much as 50 per cent. Those which were not raised were already within a reasonable figure. One extra item was added, that is, Extripation of pulp and filling of one root canal.

The committee feels this increase in fees will do much toward relieving the hardship on North Carolina dentists in accepting compensation cases, and that they can now treat such cases at a fair margin of profit.

In the past there has been no way for North Carolina dentists to get relief in the event of controversy regarding fees, except by direct application to the Compensation Commission.

For some time the medical profession has made use of what might be called a "grievance" committee appointed by the President of the North Carolina Medical Association, and unofficially recognized by the Compensation Commission. However, this committee is not an official arm of the Commission, and the Commission is not obligated to accept the recommendations of this grievance committee or board of review.

In the event of controversial cases the physicians in North Carolina may apply to the grievance committee for a review of the case. The committee then makes its recommendations, and it is understood that the Commission in most instances has accepted the recommendations of this committee.

The North Carolina Dental Society Industrial Commission Committee feels very strongly that such a committee would be very helpful to the dentists of North Carolina in settling disputes between the practitioner and the Commission. The committee further understands that the Industrial Commission would favor and work with such a committee composed of dentists.

RECOMMENDATIONS:

The North Carolina Dental Society Industrial Commission Committee recommends that the President of the North Carolina Dental Society either appoint a separate committee for the review of controversial cases between a practitioner of dentistry and the Workmen's Compensation Commission or the usually appointed Industrial Commission Committee act as such a committee for review of controversial cases.

VAIDEN B. KENDRICK, *Chairman*

D. S. COOK

J. O. BROUGHTON

S. B. TOWLER

T. E. SIKES, JR.

Action by the House of Delegates: Recommendation changed to read "The Industrial Commission Committee act as a grievance committee (for the review of controversial dental cases between a practitioner of dentistry and the Workmen's Compensation Commission). If and when, the additional duties become burdensome the committee might well be changed from a special to a standing committee to strengthen its work," and adopted May 4, 1958.

INSURANCE COMMITTEE

In the beginning I wish to thank my co-workers: Doctors W. J. Turbyfill, S. P. Gay, Joe V. Davis, Jr., and E. L. Eatman for their splendid co-operation, also the State Executive Committee and the District Execu-

tive Committees; J. L. Crumpton for his help; and our Executive Secretary, Andy Cunningham.

Your Committee makes the following report:

Health and Accident: We recommend Commercial Casualty Company, J. L. Crumpton, agent and the ADA Health and Accident. Through the two you may carry up to \$800.00 per month.

Liability Insurance: We recommend the AETna or any other reputable Insurance Company you may so desire. We cannot enter into a group contract on liability for the following reasons.

Group malpractice insurance policies are not permissible by law in this state. They come under the heading of casualty insurance along with other types of liability insurance. This law has been in effect for a number of years. The reason is that in casualty insurance the risks are different and they lack the similarity you would find in life, health and accident insurance. This confirms the information given the Insurance Committee by the AETna representative at the meeting and precludes, at least for the time being, the Committee from even considering any form of group malpractice and office liability insurance.

You must be in good standing with the Dental Society to carry liability, health and accident or hospitalization; this is very important.

J. L. Crumpton has made the following attractive contract for the dentist under 35 years of age.

A 25 per cent reduction in premium for members under 35 on the group plan of accident and health insurance sponsored by the North Carolina Dental Society has been announced by J. L. Crumpton, Agent. The reduced rate is effective immediately for new applicants under age 35, and for those now insured who are under age 35 the reduction is effective on the next renewal date, December 22, 1958, according to Mr. Crumpton. On the first renewal after attainment of age 35, the premium will revert to present amount.

Your committee recommended, and it was passed by the State and District Executive Committees, the following major Hospitalization and Surgical Expense Group Insurance Policy.

The recommendation was included in a recent report submitted to the Executive Committee. The report was approved by the House of Delegates for adoption on a state-wide basis. The policy is with the Indemnity Insurance Company of North America. It is designed to pay up to \$10,000 after a \$100, \$300, or \$500 initial deduction, to cover all expenses of a major illness or injury incurred by a dentist or any member of his family. All Districts have adopted the plan. The plan is similar to the one adopted by the N. C. Bar Association last year.

You may charge up expenses and liability, but do not deduct Health and Accident or Hospitalization premiums; if you do, and collect them, you have to treat it as income.

Our President, Dr. Ralph Coffey, quotes: "On motion by Dr. Coffey, seconded by Dr. Butler, it was voted to commend the Insurance Committee for its diligence as evidenced in the report of September 25, 1957, and to request the committee to include the contents therein in its final report to the House of Delegates next May for information only. It was noted that since the report was first submitted to the Executive Committee (October 7, 1957) all districts have adopted the group plan of major medical and surgical insurance. Therefore, no action was actually necessary by the House of Delegates."

Your Committee feels it has a very good insurance program.

RECOMMENDATIONS:

This report is informational in nature and no recommendations are submitted.

	J. R. EDWARDS, <i>Chairman</i>
W. J. TURBYFILL	S. P. GAY
E. L. EATMAN	JOE V. DAVIS, JR.

Action by the House of Delegates: Accepted by title, May 7, 1958.

INSURANCE COVERAGE ADJUSTMENT COMMITTEE

The Insurance Coverage Adjustment Committee held a meeting in the Central Office of the North Carolina Dental Society, in Raleigh, on December 8, 1957. There were eight people present. At that time, a general discussion of the problem on a national and a state level was held. The resolution presented to the 1957 meeting of the House of Delegates, in Pinehurst, was reviewed. The following facts were brought to the attention of the group.

1) Approximately 112 million people in the United States now have some type of health insurance. Half of these are covered by Blue Cross and Blue Shield. The remainder are under Medicare (Public Law 567, 84th. Congress), various Union Health and Welfare Pension Insurance plans, or private insurance carriers.

2) Time should only increase the number of people covered by hospital insurance due to the fringe benefit demands by Labor Unions.

3) The laws governing insurance in the various states control the Blue Cross and Blue Shield insurance carriers.

4) In 24 of the 48 States benefits are allowed the patient for surgical services performed by a dentist as outlined in the policies. The insurance laws of the State of North Carolina exclude such payments. Yet, a review of the brochures published by the Blue Cross and Blue Shield health insurance plans in North Carolina reveals that they list approximately 30 procedures which are commonly handled by the Dental Profession. Yet, when these procedures are done by a duly licensed dentist in the State of North Carolina, the insurance companies notify the patient, "We are sorry we are not able to honor your recent claim because the surgery was not rendered by a *physician* licensed to practice *medicine*." Some companies reply by saying, "Benefit is not provided under your Blue Shield Rider for surgical removal of teeth unless the procedure is performed by a doctor licensed to practice *medicine*." As one can see this certainly places dentistry in a degraded position.

5) Figures were presented at the meeting showing that the Blue Cross and Blue Shield companies in Massachusetts have been allowing benefits for these services, giving the patient a more complete coverage at an additional cost of only approximately three cents per month per policy.

6) The problem discussed was that the insurance companies in North Carolina are selling policies to patients, promising them complete coverage but actually not giving coverage for surgical service performed by a dentist even though such service is spelled out in the policy. This requires extra work on the part of the dentist who completes the forms, only to have the insurance companies deny coverage. It was the general feeling of the Committee that this is an unfair practice on the part of the insurance companies and that steps should be taken to protect the general public.

7) It appeared that the only answer for dentistry is to take the matter to the State Legislature for correction.

In trying to select the best method of action, it was decided that the Committee should recommend that this matter be referred to the Legislative Committee of the North Carolina Dental Society with a positive request that that Committee should approach the 1959 Session of the North Carolina Legislature to amend the applicable Law, (G.S. 57-1) in the third paragraph thereof, by striking the period at the end of the paragraph and adding the words "or dentist." Such a move would force the Companies of the Blue Shield plan to pay for services rendered by the dentist or to specifically exclude such services by the printed provision of the policy.

The Committee realizes that the fight to have this changed will be an uphill one, for the Dental Profession is contesting the best financed lobby in the entire world, namely, the Insurance Lobby. Since the resources of organized dentistry are limited, it will have to be done on the basis of manpower. We, as dentists, have two strong weapons on our side. One is that of public opinion. The other is a recourse to the courts. The recourse to the courts procedure has been followed in the State of New

York and the results should be familiar to all dentists. These reports have been sent from the American Dental Association in the Newsletters. It might be well to note, at this point, that the procedure is still in the Courts. However, thus far, they have favored the dental profession.

To utilize the powerful weapon of public opinion, it will be up to the individual dentist to contact all his Representatives in the State Legislature to urge them to support this change in the Laws of North Carolina.

It was decided at the meeting of the Committee in December to contact all of the local dental organizations throughout the state to call this matter to the attention of the members. The Committee offered to send a speaker on the subject, if so desired, to discuss the details of the matter. Also, it would be advisable that dentistry have a qualified lobbyist active while the Legislature is in session. This, of course, would require some substantial expenditure.

Another factor making it more difficult to obtain a favorable reaction on the part of the State Legislature is an amendment (G.S. 57-3.1) passed by the 1957 Legislature. This amendment made it permissive for the companies to pay a dentist for professional services. This appears to be a move by the Insurance Companies and their lobbyists to block action by the dentists of the State of North Carolina. It is reported that such action was taken in the State of Illinois and it was several years before dentistry could successfully present its picture to the State Legislature because it appeared on the surface to the Legislature that this permissive law was rectifying the situation. This is another factor in favor of obtaining professional advice as to how to approach the State Legislature.

It is also fully understood by the Committee that this change in the law would not affect private insurance carriers. However, again using the strong weapon of public opinion, once the Blue Cross and the Blue Shield laws are amended, which gives approximately half of the coverage under the various insurance programs, the independent carriers, in order to survive, would have to fall in line with such coverage.

In summary, after a very thorough study of the Insurance Laws of North Carolina, the following recommendations are made:

RECOMMENDATIONS:

1. That this report be received and forwarded to the Legislative Committee with strong recommendation that action be taken in the 1959 Legislature to amend G. S. 57-1 and repeal G. S. 57-3.1.

2. Realizing the difficult problem that will be faced in the changing of this Law to help the Public and the Dental Profession, it is recommended that the Legislative Committee employ the necessary professional help as required.

3. It is recommended that the Legislative Committee contact each dentist in the State, urging that they check with their local Representative, and urge correction of this situation. Also, it might be recommended that the North Carolina Dental Society, on a state level, approach the North Carolina Medical Society for their aid and assistance in correcting these discriminating injustices.

The Insurance Adjustment Coverage Committee would be happy to work with the Legislative Committee in formulating such a plan.

EDWARD U. AUSTIN, *Chairman*

Action by the House of Delegates: Recommendations 1 and 3 were adopted. Recommendation 2 was referred to the Executive Committee. May 5, 1958.

LIAISON COMMITTEE TO OLD NORTH STATE DENTAL SOCIETY

Up to this date there have been no recommendations from the Old North State Dental Society referred to this committee. In view of the antagonistic reports in the newspapers last year from the joint meeting of this society and their medical section, they might resent any offer of assistance as showing condescension on the part of the North Carolina Dental Society, so no such offer has been made. Unless something occurs

after this date the report of this committee is that it has nothing to report. This report is informational in nature and no recommendations are submitted.

BURKE W. FOX, *Chairman*

Action by the House of Delegates: Accepted by title May 4, 1958.

LEGISLATIVE COMMITTEE

For the first year in several it has not been found necessary to call a meeting of the Legislative Committee. The last report submitted (Supplemental Report) by the Committee was during the May meeting in 1957. This report stated that House Bill 747 and Senate Bill 323 having to do with revising and bringing up to date the North Carolina Dental Practice Act, had been enacted into law and became part of Article 2—Chapter 90 of the General Statutes of North Carolina. I am happy to report that this new Dental Practice Act has, during the past year, stood up in the Courts of North Carolina and accomplished all it was intended to accomplish.

RECOMMENDATIONS:

This report is informational in nature and no recommendations are submitted.

CLEON W. SANDERS, *Chairman*

WALTER T. MCFALL

GUY R. WILLIS

PAUL E. JONES

JOHN R. PHARR

Action by the House of Delegates: Accepted by title May 4, 1958.

LIBRARY AND HISTORY COMMITTEE

The authorities of the School of Dentistry at the University of North Carolina have been approached regarding the establishment of a Dental Museum at the School of Dentistry. It was revealed that space needed for the museum is not available at this time. Dr. John Brauer stated that he hoped there would be suitable space when the Auland Museum, now under construction is completed.

We do not think it wise to gather dental museum pieces together until there is a home for them. We do encourage a continued interest in this project.

Report on Sale of Histories

"History of the North Carolina Dental Society"

Books on hand May 5, 1957 (Central Office).....	58
Books sold since May 5, 1957.....	3
Books on hand April 1, 1958 (Central Office).....	55

RECOMMENDATIONS:

This report is informational in nature and no recommendations are submitted.

H. ROYSTER CHAMBLEE, *Chairman*

R. FRED HUNT

S. H. STEELMAN

H. W. THOMPSON

M. R. HUNTER

Action by the House of Delegates: Accepted by title May 4, 1958.

SUB-COMMITTEE OF LIBRARY AND HISTORY COMMITTEE

In our committee meeting of the History Committee held in Raleigh, November 17, one of the topics discussed was means of creating greater interest in the *History of the North Carolina Dental Society* and thereby create a desire to buy this history on the part of a greater percentage of the membership than that experienced in the past. Some of the points were:

1. In the span of years covered by the proposed volume (1939 to the present) a much more detailed account can be given. The district officers should be made responsible for a large portion of the information; and thereby each district will feel that they have had a vital part in recording

their accomplishments. This, we feel, will give a greater incentive to a greater number to buy this volume.

2. The same plan may be adopted in the case of local societies, which number more than 20 in the state. Their accomplishments should be carefully recorded. These groups are very close to the grassroots and the very foundation of the North Carolina Dental Society.

3. A very complete account of dental education in North Carolina. The part that the North Carolina Dental Society played in securing dental education. The founding of the Dental School at the University of North Carolina, Chapel Hill. Make this volume of interest to the alumni as well as the other members of the North Carolina Dental Society who had a vital part in its establishment.

4. In bringing our history up-to-date we can never overlook the fine contributions made by the members of our Ladies Auxiliary. We feel sure that we will be greatly aided by them when the time comes to record for posterity the part they have played in the profession. This should also greatly increase interest in the volume.

Many of the details have been worked out and materials are being collected. Outlines have been made including the various topics to be treated in the actual writing of the new edition to our present history.

On January 11, 1958, the chairman of this committee met with the members of the Executive Committee and officers of the North Carolina Dental Society, at which time a full discussion followed in the matter of bringing the *History of the North Carolina Dental Society* up to the present date. Your committee wishes to make the following recommendations:

RECOMMENDATIONS:

1. That the name of the committee be changed from the Committee to Re-write the *History of the North Carolina Dental Society* to the Committee to Bring the History of the North Carolina Dental Society Up-to-date.

2. Reproducing the original history by photographic off-set or other methods that gives best results and combining it with the history from 1939 to the present in one volume, bringing the biographical sketches in the original history up to the present and adding a biographical sketch of every member who has joined since 1939.

3. Careful consideration given to the number of volumes to be published to meet the demands of new members for the next 35 or 40 years.

4. Your committee feels that to merely record the events of the last twenty years and publish the history without creating an interest in its sale would result in great disappointment and unnecessary expenditure of the State Society's funds.

5. In the next two or three years, while this history is being compiled, a concerted drive should be made by all avenues possible. We should have commitments on at least 400 volumes before the book is published and plans made whereby all new men becoming members of the society would acquire a copy of this history.

NEAL SHEFFIELD, *Chairman*

HENRY C. CARR
CLYDE MINGES

Z. L. EDWARDS
C. S. MCCALL

FRANK O. ALFORD

Action by the House of Delegates: Recommendations 1, 2, 3, 4 and 5 were adopted. May 4, 1958.

MEDICARE COMMITTEE

By direction of the House of Delegates of 1957, the president of the North Carolina Dental Society appointed a Committee on Medicare "to confer with the Commanding General, U. S. Marine Corps Air Station, Cherry Point, North Carolina, relative to that area being declared 'remote' under Title I of Public Law 569, 84th Congress (Medicare Act); and to be responsible for handling any similar situations that may arise in the future in this state relative to this law."

On May 13, 1957, President Coffey appointed the current Committee on Medicare.

Previous to the appointment of this committee, negotiations had been underway with the U. S. Navy as a result of a request by the Commanding General, U. S. Marine Corps Air Station at Cherry Point that this area be declared "remote" for dental purposes under the provisions of the Medicare Act. On January 23, 1957, the Craven County Dental Society advised the Central Office in Raleigh that the Commanding General at Cherry Point had made such a request through military channels without consulting local dentists. The Central Office wired the Secretary of the Navy to withhold action on the request until the local and state dental societies had an opportunity to submit their views on the matter. After consultation with representatives of the Craven County Dental Society and with the advice of the ADA Council on Federal Dental Services, the Executive Secretary of the North Carolina Dental Society filed a brief with the Navy Department protesting the declaration of Cherry Point as "remote." This brief, by the way, was reproduced by the ADA and distributed to all the constituent societies of the ADA as a model to assist them in their preparations for discussions with military representatives relative to the provisions of Medicare.

On April 25, 1957, Captain R. V. Chastain, Chief of the Dental Department, U. S. Marine Corps Air Station, Cherry Point, North Carolina, requested a conference on the matter with officials of the North Carolina Dental Society. Representatives of the committee appointed by President Coffey and the Craven County Dental Society met with Captain Chastain at Cherry Point, May 23, 1957.

On June 17, 1957, Rear Admiral R. W. Malone, Chief of Dental Service for the Navy, advised Senator W. Kerr Scott and Representative Graham A. Barden, that as a result of the conference on May 23, 1957, the U. S. Marine Corps Air Station at Cherry Point had withdrawn its request to be designated as "remote" for dental purposes, and that by this action the matter was concluded.

Similar requests for conferences were received from Fort Bragg and Seymour Johnson AFB. Representatives of the committee and the Cumberland County Dental Society met in Fayetteville July 17, 1957, with Colonel A. M. Hollenbach, Post Dental Surgeon, Fort Bragg, North Carolina. And on July 24, 1957, representatives of the Committee and the Wayne County Dental Society met at the Seymour Johnson AFB with Major Presly O. Lucas, Base Dental Surgeon.

As a result of both conferences, the Committee on Medicare issued a report, dated July 29, 1957, which summarized the feeling and attitude of the committee at that time. The report agreed that certainly dependents of military personnel stationed overseas should be entitled to dental care as outlined in the Medicare Act, but strongly questioned the "remote area" phase of the law pertaining to bases within the continental limits of the United States. The report criticized the criteria by which a base was adjudged to be "remote" as unrealistic and misleading.

However, the report recommended that chiefs of dental services be allowed some leeway that they might be allowed to use discretion in providing a limited amount of emergency dental service to military dependents and other services deemed necessary in hardship cases. The Medicare legislation contained no such provision. The report condemned the use of the term "remote" and specifically opposed any military bases in North Carolina being declared or even considered "remote." This report was published in the September 1957 issue of The Journal. Copies of the report were sent to all military base commanders concerned in North Carolina as well as the Army, Navy and Defense Departments, and members of the congressional delegation from North Carolina.

The Committee next received a communication from Headquarters, Third Army, dated September 23, 1957, requesting that the North Carolina Dental Society reconsider its opposition to Fort Bragg being declared "remote" and enclosing a bulletin entitled "Dental Aspects of the Medicare Act (PL 569, 84th Congress)" prepared by Third Army.

The Third Army bulletin stressed the following points:

(1) As a result of the Medicare Act, dependent dental care had been stopped, except for emergencies, and that a dental officer could not even treat members of his own family.

(2) If an Army post were to be designated as "remote" it would be possible to return to the system that was in effect before the passage of the Medicare Act, that is, a limited amount of dental treatment could be given to deserving patients.

(3) A survey of Army posts in the Third Army area revealed that all of them met the criteria for "remote" status.

(4) State dental associations were asked to reconsider requests for "remote" designations by military bases in the area.

(5) The designation of a "remote" area only authorizes the local military dental facility to treat the most deserving and needy dependents on a space-and-personnel-availability basis and does not grant or imply statutory entitlement to dental care from facilities of the uniformed services.

(6) The ultimate effect of the Medicare Act was a severe blow to the morale of the troops, since dental care was destroyed and the Army had been unjustly blamed. As a result a good many career soldiers left the service and the process of training replacements was an expensive one.

(7) Army dentists in the Third Army area were anxious to have dependent dental care back on the same basis as it was handled prior to the inception of the Medicare program.

(8) The Army would continue to assign dental officers to a post only on the basis of troop strength, whether an area was "remote" or not.

Your committee chairman appeared before the Executive Committee of the North Carolina Dental Society at its meeting in Wilson on October 7, 1957. He outlined the progress made by the committee during the year. He reported that although no bases in North Carolina had been declared "remote" to date the committee had exhausted its efforts and in spite of initial successes, the military could conceivably invoke the provisions of the Medicare law and arbitrarily declare any base in the state "remote" for dental purposes. For this reason, he requested permission of the Executive Committee to seek a compromise in the implementation of the law which would be more acceptable to the civilian dentists and the North Carolina Dental Society. His request was granted unanimously.

The committee met at Southern Pines October 20, 1957, and reviewed the whole matter. It was obvious to the members of the committee that it would place the society in an untenable position in the future if the committee continued to turn a deaf ear to the requests of the military and especially Third Army. It was agreed that a proposal be made to Third Army outlining the conditions under which the committee would sanction the declaring of Fort Bragg a "remote" area. This proposal was included in a letter addressed to the Third Army dated October 26, 1957. It stated that the committee would agree to Fort Bragg being declared "remote" with the following reservations:

(1) That such agreement was not to be construed in any way that the North Carolina Dental Society approved of the term "remote" as set forth in the Medicare law.

(2) That such agreement would authorize the local dental facility to treat only the most deserving and needy dependents on a space-and-availability basis and that it would not grant or imply statutory entitlement to dental care from facilities of the uniformed services.

(3) That it would be the continued policy of the military to assign dental officers to a post on the basis of troop strength only and that the Army would not assign additional dentists to take care of military dependents simply because an area had been declared "remote."

(4) That such an agreement was in the interest solely of bolstering Army morale and of returning dental care on the same basis as it had been handled prior to the Medicare program, with the fervent hope that the law could be revised in the future so it would be just to all.

In response to this proposal a communication from Headquarters, Third

Army dated December 30, 1957, stated that Fort Bragg had been authorized to render dental care on a facilities available basis as outlined in our letter. Thus Fort Bragg was officially declared "remote."

With the consent of the Wayne County Dental Society, a letter dated January 30, 1958, was forwarded to the Seymour Johnson AFB which contained a similar proposal to the Air Force in regard to Seymour Johnson AFB. No reply has been received as this report is being prepared.

Throughout all the tedious and arduous negotiations the committee has tried its best to always act not only in the best interest of the society and the civilian dentists, but also in the interest and welfare of those who serve in our armed forces. As the negotiations proceeded, it became apparent that the Medicare Act was a political mistake in the first place and not only were the military services unjustly blamed for its passage, but they stood to suffer as a result. It was with this thought in mind that the committee sought to express its position of being unalterably opposed to the legislation and at the same time effect a compromise with the military so that the program would not hinder the defense effort. In effect it was a case of trying to make a silk-purse out of a sow's ear.

All reports and official letters of the committee have been sent to members of the North Carolina congressional delegation in Washington. They should be aware that although we have agreed to compromise, we look with disfavor on the Medicare program, at least this aspect of it. We hope eventually that legislation may be enacted to eliminate and correct its inherent injustices.

RECOMMENDATIONS:

1. That the House of Delegates endorse the work of the committee as outlined in the report.

2. That a Special Committee on Medicare again be appointed for the next year to continue to negotiate with the military in all matters pertaining to the Medicare legislation.

A. T. JENNETTE, *Chairman*

Action by the House of Delegates: Recommendations 1 and 2 were adopted. May 6, 1958.

MEMBERSHIP COMMITTEE Membership as of December 31, 1957

Dist.	Active	State Life	ADA Life	Rect. Grad.	RG-Mil.	Mil.	New Mem.	TOTAL
1	176	16	5	3	2	4	(8)	206
2	202	31	5	5	2	8	(11)	253
3	183	27	11	5	5	10	(15)	241
4	114	25	14	1	1	8	(2)	163
5	111	30	6	0	1	6	(2)	154
	786	129	41	14	11	36	(38)	1,017

1958 Dues Paid as of March 31, 1958

Dist.	Active	State Life	ADA Life	Rect. Grad.	RG-Mil.	Mil.	New Mem.	TOTAL
1	181	14	8	5	1	2	(9)	211
2	214	27	8	7	1	2	(11)	259
3	196	26	10	6	2	5	(14)	245
4	127	22	17	4	0	3	(13)	173
5	113	25	9	0	2	4	(6)	153
	831	114	52	22	6	16	(53)	1,041

The accompanying table shows that as of December 31, 1957, 1,017 members had paid their 1957 dues. This is the figure upon which our representation in the ADA House of Delegates is based.

Last fall the districts took in a total of 53 new members. By March

31, 1958 (the cut-off date), 1,041 members had paid their 1958 dues and there were only 17 delinquents. If these delinquents pay their 1958 dues before December 31, 1958, we will end the year with a credit of 1,058. In any event, our membership total for 1958 will be the largest in our history.

RECOMMENDATIONS:

The following members did not pay their 1957 dues by December 31, 1957; therefore, according to the provisions of the By-Laws (Article V, Section 6) they have been dropped from the rolls:

A. V. Boyles (1), Dallas
 Matt McBrayer, Jr. (1), Rutherfordton
 Joseph Pharr (1), Cherryville
 R. B. Webster (1), Newton
 A. B. Edwards (3), Hamlet
 J. S. Hair (4), Fayetteville

The Membership Committee recommends that this action be made a matter of record by this Session of the House of Delegates.

S. Everett Moser, *Chairman*

Action by the House of Delegates: Recommendation of Committee adopted May 7, 1958.

MILITARY AFFAIRS AND CIVIL DEFENSE COMMITTEE

This committee is happy to report that no infractions of the V. A. Rules by a dentist have been reported.

A study of V. A. fees paid for prosthetic appliances have not been completed. Several things have developed to delay this study.

RECOMMENDATIONS:

The work that has been done this year in regard to increasing V. A. fees be continued and that some definite action taken as soon as it is practical to do so.

R. A. DANIEL, JR., *Chairman*

JOHN R. IRWIN
 M. L. CHERRY

ROBERT E. FINCH
 KENNETH M. RAY

Action by the House of Delegates: The Recommendation was adopted. May 4, 1958.

MONITOR COMMITTEE

The Monitor Committee was represented at the Local Arrangement Committee meeting, in Pinehurst, in January 1958, by Dr. D. F. Hord of Kings Mountain, in the absence of the Chairman. At this time a tentative committee report was presented and was received and approved by the Executive Committee of the North Carolina Dental Society.

In an attempt to maintain order, the Monitor Committee is expecting to have three of its members on duty, at all times, while the convention is in session. Two of these members will be stationed in the vestibule at the entrance to the Ballroom from the lobby side and one member will be stationed in the vestibule on the annex side. Should the occasion arise that it will be necessary to use the roving microphones, the three men that are on duty will move into the Ballroom for this particular duty. Each member of the Monitor Committee is expected to be present at his scheduled time or to have a substitute. The schedule is as follows:

Sunday night—Doctors Austin, Hord and Pratt
 Monday morning—Doctors Ledbetter, Current, Jr., and Sikes, Jr.
 Monday afternoon—Doctors Edwards, Jr., Turner and Drum
 Tuesday morning—Doctors Price, Stoddard, and Keels, Jr.
 Tuesday afternoon—Doctors J. E. Moser, Caudle and Turner
 Wednesday morning—Doctors Austin, Hord and Pratt

The Monitor Committee will maintain a Call Board as it has been used previously to the left of the Speaker's platform in front of the Auditorium. The Monitor Committee expects to see that announcements will be

made over the amplifying system of the beginning of the sessions and what will be in session.

As approved by the Executive Committee, the Chairman of the Monitor Committee is having made a poster, to be placed in the center of the hallway with the words "Quiet Please, Convention in Session." When the Convention is not in session, this poster will be turned to the wall. This will be completed by the May meeting and will not run over the \$20.00 appropriated by the Executive Committee.

There will be a call meeting Sunday, May 4, 1958, at 5:00 p.m. of the Monitor Committee to consummate the definite plans of maintaining order.

The Monitor Committee wishes to make it known that they are willing to do all in their power to assist the officers in making this a successful meeting.

RECOMMENDATIONS:

This report is informational in nature and no recommendations are submitted.

EDWARD U. AUSTIN, *Chairman*

Action by the House of Delegates: Accepted by title May 4, 1958.

NECROLOGY COMMITTEE

The chairman of the committee met with the Convention Committee on January 11, Saturday night, and with the Executive Committee on January 12, at Pinehurst to complete final arrangements for the annual meeting in May. The report of the Committee to the Executive Committee was approved, and an appropriation of \$100.00 was granted to the Committee to take care of the expenses of the proposed Necrology service at the state meeting.

The chairman of the committee has written to the members of the committee requesting that they be responsible for securing the Necrology report on each deceased man from their respective districts. This request will be followed up at a later date.

The Necrology service for the annual meeting will be very similar to the service in the past. Arrangements have been made with Dr. Roger Sturdevant for him to have the Dental School Glee Club to sing as part of the program. All arrangements have been completed for the Necrology service except those pertaining to the final details.

Twelve members of our society have passed away up to March 1, 1958. Necrology reports on the twelve have been, or will be completed. If there are other deaths prior to our meeting, reports will be prepared and presented for them.

RECOMMENDATIONS:

This report is informational in nature and no recommendations are submitted.

W. D. YELTON, *Chairman*

Action by the House of Delegates: Accepted by title May 4, 1958.

NORTH CAROLINA DENTAL SERVICE CORPORATION COMMITTEE

The North Carolina Dental Service Corporation Committee met at the Central Office in Raleigh, Sunday, January 26, 1958.

After careful consideration of group dental health care plans of California, Texas and other states, and the history and background of the movement as outlined in "Group Dental Health Care Programs" published by the ADA, the committee agreed that further study and guidance would be needed before any specific recommendations could be made for the establishment of such a plan in North Carolina.

While the committee concurs with the 1957 House of Delegates that definite plans should be carefully formulated should a demand for such a program arise, the committee unanimously agreed that the actual estab-

lishment of such a program should not be accomplished until there is a definite need for it. The committee concluded that in the preparation of such a plan legal counsel would have to be employed:

- (1) To determine if a group dental health care program can be set up under existing state statutes.
- (2) To seek the passage of enabling statutes by the next legislature to permit the establishment of a group dental health care program if necessary.
- (3) To draw up articles of incorporation for such a program.

RECOMMENDATIONS:

1. That a special committee for the purpose of developing a dental service corporation again be appointed for next year.
2. That the budget next year include an appropriation to enable this committee to employ the necessary legal counsel.

C. D. EATMAN, *Chairman*

NORTH CAROLINA MENTAL HEALTH COUNCIL

The North Carolina Mental Health Council met in Raleigh in early December, 1957. This was the first meeting of the Council since I had been appointed to represent the North Carolina Dental Society. Due to circumstances beyond my control, I was unable to attend. However, I sent my regrets and asked that the minutes of the meeting be mailed me. This was done and through these minutes, I have been able to determine a little more clearly the activities of this health advisory council.

There is to be a meeting of this Council in Raleigh on March 21 and I expect to attend this meeting and to represent the North Carolina Dental Society to the best of my ability.

RECOMMENDATIONS:

This report is informational in nature and no recommendations are submitted.

SAMUEL H. ISENHOWER, *Member*

Action by the House of Delegates: Accepted by title May 4, 1958.

PROGRAM COMMITTEE

Last year the scientific theme of the annual session of the North Carolina Dental Society was Restorative Dentistry. This year your program committee has endeavored to further round out the field of restorative dentistry by placing emphasis on preventive dentistry and its relationship to restorative dentistry.

Essayists: Dr. Paul Chevalier, Richmond, Virginia
 "Restorative Dentistry for the General Practitioner"
 Dr. Louis I. Grossman, Philadelphia, Pennsylvania
 "Antibiotic Root Canal Therapy"
 Dr. L. B. Higley, Chapel Hill, North Carolina
 "Palliative Orthodontics"

The scientific portion of the program will be further emphasized through the function of a sub-committee on Visual Aids headed by Dr. W. M. Ditto. A separate report of this committee will be found elsewhere.

The committee would like to thank all the other related committees for their co-operation in working out and planning the overall program as presented. Our special appreciation goes to Dr. Ralph Coffey and the other officers for their generous help in working out the program. Our executive secretary, we would like to thank again for his many suggestions and untiring "leg work."

RECOMMENDATIONS:

This report is informational in nature and no recommendations are submitted.

FRANK G. ATWATER, *Chairman*

SAM W. SHAFFER, *Co-Chairman*

C. Z. CANDLER, JR.

BAXTER B. SAPP, JR.

CHARLES H. TEAGUE

PEARCE ROBERTS, JR.

T. G. COLLINS

C. D. EATMAN

THOMAS A. HALL, JR.

Action by the House of Delegates: Accepted by title May 4, 1958.

VISUAL EDUCATION AND SCIENTIFIC EXHIBITS COMMITTEE (Subcommittee of the Program Committee)

In 1957 the presentation of an adjunct to the scientific session through the means of Visual Education and Scientific Exhibits met with such an enthusiastic response that this committee is very glad to carry on for the year 1958 along the same channels established for the 1957 meetings. In view of the above we are very glad to report that the following Scientific Exhibits have been scheduled for the 1958 meeting in Pinehurst.

1. North Carolina Heart Association
2. North Carolina Cancer Society
3. North Carolina Dairy Council
4. Dental School, University of North Carolina
5. The National Bureau of Standards, Dental Research Section
(A special exhibit entitled "Dental Research at the National Bureau of Standards")

The above exhibits will be on display throughout the entire time of the meeting.

The following films have been obtained for showing in the Pine Room during scheduled hours of the scientific sessions on Monday and Tuesday.

1. Emergency Dental Treatment (1952) (Color, sound, 20 minutes)
U. S. Navy.

2. Motion Study in the Central Operatory (1957) (Black and white, silent, 20 minutes) By David A. Hoffman, D.D.S. and Marvin Mundel, Ph.D.

A novel method is shown presenting two years research on the need for conserving dentists' time and health and for improving patient relationships.

3. Cancer of the Oral Cavity (1954) (Color, sound, 45 minutes) Produced by American Cancer Society & the Columbia Broadcasting Co.

A Kinescope of a live television program jointly sponsored by the above groups. Discussed in detail by a panel of physicians and dentists.

4. Equilibration of Occlusion (1952) (Color, sound, 20 minutes) Produced by U. S. Navy.

Discussions on the fundamentals of occlusion of equilibration are illustrated both by animated drawings and by live actions.

5. Hazards of Dental Radiography (1953) (Color, sound, 13 minutes) Produced by the National Bureau of Standards and the ADA.

A short film illustrating the elementary physics involved in dental roentgenography and shows the radiation hazards involved in the use of roentgen ray radiation by the dentists.

6. Immediate Endodontics and Periapical Surgery (1953-54) (Color, sound, 30 minutes) John I. Ingle, University of Washington.

This film demonstrates a technic of rapid root canal therapy and periapical curettage, both animated drawings and actual operations on patients are illustrated.

7. Local Anesthesia in Dentistry (1954) (Color, sound, 30 minutes) N. B. Jorgensen, D.D.S., and G. E. Hughes, M.D.

The film shows accepted nerve blocks and infiltration anesthesia demonstrated both on skulls and in the patient's mouth.

8. Pressure Steam Sterilization (1953) (Color, sound, 40 minutes) Produced by the Society of American Bacteriologists and American Sterilizer Company.

The complete operation of a modern autoclave demonstrated both for utensils, culture-media and surgical instruments.

The committee endeavored to get only the latest films as illustrated above for use in the Visual Education program for this year.

RECOMMENDATIONS:

This report is informational in nature and no recommendations are submitted.

WILLIAM M. DITTO, *Chairman*

Action by the House of Delegates: Accepted by title May 4, 1958.

PROSTHETIC DENTAL SERVICE COMMITTEE

The Prosthetic Dental Service Committee met at the Central Office in Raleigh, Sunday, January 26, 1958.

The committee reviewed the past history of the accreditation program in North Carolina and noted that for the past two years the program had been inoperative for various reasons.

It was moved and seconded that:

(1) The North Carolina Dental Society should bend every effort to maintain an accreditation program for commercial dental laboratories.

(2) No fees would be collected by the North Carolina Dental Society from the commercial dental laboratories for the operation of an accreditation plan.

(3) The North Carolina Dental Laboratory Association be urged to secure more members and thereby become a group more representative of the laboratory craft in North Carolina.

(4) The North Carolina Dental Laboratory Association be requested to appoint a committee to meet with the Prosthetic Dental Service Committee to work out the details of an accreditation program which would be acceptable and beneficial to the dental profession and the laboratory craft.

(5) The members of the North Carolina Dental Society be advised of the dangers of unethical laboratories and that infringement of the Code of Ethics by dentists in respect to laboratories could be referred to the Ethics Committee for appropriate action.

(6) Laboratories in the state be encouraged to maintain ethical standards.

The Executive Secretary was instructed to contact the North Carolina Dental Laboratory Association to arrange a possible future date for representatives of the laboratory association to meet with the Prosthetic Dental Service Committee to complete the details of an accreditation program. He contacted officials of the North Carolina Dental Laboratory Association in this regard, and the latter indicated a desire to participate in a discussion of a workable accreditation program with the Prosthetic Dental Service Committee. However, no convenient date could be arranged for the meeting to be held prior to the Annual Session in May, and the proposed conference is still pending.

RECOMMENDATIONS:

That the North Carolina Dental Society continue its efforts to renew and maintain an accreditation program which will be acceptable to the dental profession and supported by the laboratory craft of this state.

C. D. EATMAN, *Chairman*

Action by the House of Delegates: Recommendation of Committee adopted. May 6, 1958.

PUBLICITY COMMITTEE

Your Publicity Committee co-operated in every way possible with the Program Committee to make certain the 102nd Annual Session was adequately covered in the Newsletter, The Journal and in the newspaper press.

A general announcement of the program appeared in the January Journal. The Newsletter of February and March featured stories on the Pinehurst meeting; and the April issue of the Journal carried the full program in detail.

The Committee secured the services of Mr. A. C. Snow to assist in releasing pre-convention publicity to the newspapers, beginning about four weeks in advance of the convention. Mr. Snow handled this chore for us last year in an admirable and conscientious manner and we felt this experience would be valuable to him in securing even better coverage this year. He is a reporter on the *Raleigh Times* and is highly regarded by his associates in the newspaper profession.

He will also be with us at Pinehurst during the convention to cover the day-by-day activities via the wire services of the Associated Press and United Press. Mr. Snow has also had considerable experience in press photography and expressed a willingness to help us in this area at Pinehurst.

Personal letters were sent to state editors of 13 newspapers in the state which publish Sunday editions and constitute those papers in North Carolina with the largest circulation. These letters were sent to papers in Asheville, Charlotte, Concord, Durham, Fayetteville, Greensboro, High Point, Kannapolis, Raleigh, Rocky Mount, Salisbury, Wilmington and Winston-Salem.

At the same time letters were also sent to key dentists in these same towns, urging them to personally contact their local papers as a follow-up to our letter.

Five pre-convention releases were sent to daily newspapers throughout the state as follows:

<u>Release Date</u>	<u>To</u>
April 20.....	Sunday papers
April 22.....	P. M. papers
April 25.....	A. M. papers
April 30.....	P. M. papers
May 4.....	Sunday papers

RECOMMENDATIONS:

This report is informational in nature and no recommendations are submitted.

C. W. SANDERS, *Chairman*

Action by the House of Delegates: Accepted by title May 4, 1958.

RELIEF COMMITTEE

This report of the Dental Relief Committee covers the time from our State meeting in May 1957 until the filing of this report.

Since our last report one applicant who had become totally and permanently disabled from a chronic heart ailment asked for an outright grant of \$1,500.00 to pay off the mortgage on his home, which was granted, not in a lump sum but in 15 monthly payments of \$105.00 a month of which \$52.50 is being borne by the State Relief Fund, \$52.50 by the ADA Relief Fund, the extra \$75.00 to take care of incurred interest.

On June 10, one of our esteemed members, who had been receiving aid, died, leaving the present number receiving aid at three—two members of the Society and a widow of a deceased member, each one receiving \$52.50 from the State Relief Fund and \$52.50 from the ADA Fund. A letter of deep appreciation for the help the Relief Fund had been to them, was received from the widow of the deceased member who died June 10.

FINANCIAL REPORT:

At the present time we have no application pending for Relief.

We wish to thank the North Carolina Dental Auxiliary for their splendid work on the Scrap Amalgam Drive. This is one of the chief sources of income for the Relief Fund. We also wish to thank President Coffey for the fine letter sent to the membership urging their support of this most worthy cause.

I could not close this report without expressing our grief caused by the death of Dr. Paul Fitzgerald who had been appointed to succeed himself to serve another five years on this committee. Dr. Fitzgerald was chosen by the committee to serve as its chairman for the year of 1958, after having served in this capacity for many years. Dr. Fitzgerald worked on the Committee or in behalf of Dental Relief Fund almost ever since its founding and he was a great asset to its success.

I was appointed by President Coffey to serve the unexpired term of Dr. Fitzgerald as chairman of the North Carolina Dental Relief Fund.

RECOMMENDATIONS:

This report is informational in nature and no recommendations are submitted.

J. T. LASLEY, *Acting Chairman*

EVERETT L. SMITH

J. HOMER GUION

WALTER E. CLARK

R. FRED HUNT

Action by the House of Delegates: Accepted by title May 4, 1958.

RURAL HEALTH AFFAIRS COMMITTEE

The Rural Health Affairs Committee of the North Carolina Dental Society, participating with the like committee of the North Carolina Medical Society, has had a year of successful meetings. With five meetings held throughout the state this year, some outstanding work has been done.

Two programs were held in the Elizabeth City and Edenton area, both of which were attended by Dr. L. E. Griffin, who represented dentistry by showing slides on the cause, effect, and prevention of dental caries. Dr. Griffin also made two talks to the 4-H groups on better dental care, and participated in the program for indigent children in that area.

Dr. A. C. Current, Jr., represented dentistry in his area on the Rural Health Conference, and gave dentistry a place of distinction in the health affairs of the people of our state.

Dr. Riley Spoon, Jr., is the contact man for Rural Health Affairs in his district and is ready and willing to be called any time.

Dr. J. E. Roberts of Burlington is continuing the six-year-molar program that Alamance County and Burlington have been working on for several years.

Dr. Walter T. McFall, the extreme Western part of the State's representative for dentistry, has preached the "gospel of better dentistry" throughout that area year in and year out.

The Chairman of this Committee was on the program of the annual Rural Health Conference in Raleigh in October. Dr. Roberts was in attendance and gives testimony of the good the Committee is doing in his expression, "I was impressed at the recognition dentistry was given at both the local and State meetings." He is representing dentistry in his district meeting which will be held in March.

The Committee has furnished material on dentistry to the *North Carolina Farm Bureau News* for publication in its monthly paper. This material was secured through the State Secretary from the American Dental Association. We have furnished the Extension Department, through the Home Demonstration Agency's office, with material on dental health for the family and particularly for children.

It has been the policy of this committee to be on the alert to tell the story of dentistry through schools, papers, conferences, radio, and television. We feel we have created a better relationship between the Medical and Dental professions in our contacts, and that the public is becoming

more conscious of dentistry each meeting that is held. We still feel that the rural public, as well as urban, has yet to appreciate a good healthy mouth enough to sacrifice and avoid some of the many things that contribute to its destruction; therefore, we make the following recommendations.

RECOMMENDATIONS:

1. Make a determined effort through the county superintendents of schools to get the public school teachers of North Carolina informed as to the present disastrous condition of the average rural school child where dental health is concerned. Use local dentists, in conjunction with the teachers, to put on a series of dental health lectures during the school year.
2. Urge the local dentists to seek opportunities to appear on PTA and civic organization programs to tell the story of dental health.
3. Appoint a district Dental Health Affairs Committee of three with the chairman acting on the State Committee. This is to promote advertising and publicity to various health meetings and conferences to urge a greater attendance by the public and the dentists.
4. Urge ministers, farm agents, and home demonstration agents to publicize meetings in order to get district health conferences better attended.
5. Ask principals of schools for permission to participate in Vocational Guidance and Career days in the high schools so that we might interest more of the students in becoming dentists, dental assistants, and dental hygienists.

L. M. MASSEY, *Chairman*

W. T. McFALL

L. E. GRIFFIN, JR.

J. E. ROBERTS

R. E. SPOON, JR.

Action by the House of Delegates: In Recommendation 1 the words "local dentists" were changed to read "local dental societies" and Recommendation 1 was adopted as amended. Recommendations 2, 4 and 5 were adopted. Recommendation 3 was referred to district dental societies. May 4, 1958.

SCHOOL HEALTH COORDINATING SERVICE COMMITTEE

Inasmuch as the fee schedule for dental services rendered by the School Health Coordinating Service is below that set up by the Veterans Administration and is so low as to discourage enthusiastic participation by more dentists; and, inasmuch as the North Carolina Industrial Commission has recently adopted a more liberal fee schedule, it is our considered opinion that a higher fee schedule should be set up for the School Health Coordinating Service.

RECOMMENDATIONS:

We recommend that the House of Delegates of the North Carolina Dental Society go on record as endorsing a new fee schedule which is more in line with fees being paid by other state and federal groups.

S. E. MOSER, *Co-Chairman*

Action by the House of Delegates: The Recommendation of the Committee was amended to read as follows:

1. "That the present schedule or list of services be changed and reworded so as to specify the exact service to be given for a listed fee.
2. "That the present schedule of services be revised and extended to eliminate as many of the undesirable features of the program as possible and to include more services required by school-age children.
3. "That the revised schedule called for in the above recommendations be established jointly by this committee and by a committee of the North Carolina Unit of the American Society of Dentistry for Children."

The amended Recommendations were adopted. May 5, 1958.

STATE INSTITUTIONS COMMITTEE

It was impossible to get the full committee to visit each State Institution; however each member was asked to give a report on the one he was familiar with.

We have found that most of the dental facilities are being brought up to date, new paint jobs and sanitation are being stressed and an effort to modernize the dental clinics is being undertaken.

RECOMMENDATIONS:

1. The committee would like to recommend an inspection by the State Institutions Committee and a report given to the Executive Committee and in turn evaluate the report and make recommendations to the Board of Controls.

2. Further, the committee would like to recommend that the Board of Controls of all the State Institutions be requested to modernize the dental facilities of these institutions where they are substandard and that necessary funds be provided where qualified personnel will seek employment on the dental staffs.

M. M. LILLEY, *Chairman*

Action by the House of Delegates: Recommendations 1 and 2 were adopted. May 4, 1958.

STATE-WIDE STUDY CLUB COMMITTEE

The Committee feels that definite progress has been made in establishing Study Clubs throughout the State. Much interest has been shown in the program and it is now evident that the progress of Dentistry is enhanced by such activities.

RECOMMENDATIONS:

Since the primary reason for our existence is to further our scientific knowledge, along with the strengthening of our ethical standards, we recommend the enthusiastic support of the Society.

LUTHER H. BUTLER, *Chairman*

J. B. FREEDLAND

H. ROYSTER CHAMBLEE

Action by the House of Delegates: Recommendation of the Committee was adopted. May 7, 1958.

Report of the Fifth District Trustee

HOWARD B. HIGGINS
D.D.S., F.A.C.D.
Spartanburg, S. C.



DR. HIGGINS

North Carolina Dental Society
May 7, 1958

Mr. President, Dr. Clyde Minges, Past President of the American Dental Association, Members of the North Carolina Dental Society, and your Distinguished Guests. It is indeed a pleasure to bring greetings to you from the American Dental Association Board of Trustees, and the officers and general staff of the American Dental Association.

I personally wish to thank you for the wholehearted support that you have given to us in the past, and I am confident that this wholehearted support will be given us in the future.

Let us talk about membership for a moment. At the end of 1957, the American Dental Association had 86,345 members, which is the greatest number in its history. This is an increase of 2,473 members for 1957.

This figure tells many things. The service and the soundness of any organization is the degree of support it receives from potential members. I am proud to report that approximately 83 per cent of the practicing dentists in the United States, or about five out of every six, engaged in practice, are members of the American Dental Association and the various constituent and component societies.

This is a record which I believe is unmatched by any other similar voluntary organization. This is a clear understanding and indication to me that organized dentistry has something to offer to our profession.

Our student membership in the American Dental Association has also increased by 735. I am proud of our increase, and the new membership of both groups, but I would like to make two suggestions in regard to increasing our membership.

First, we should contact the eligible people—those men who are eligible for membership in the different state associations, and tell them of the advantages that organized dentistry has to offer.

Second, in regard to the young graduate, I am sorry to say organized dentistry is losing a few of those boys. To encourage these young men to join organized dentistry, and then to enter into the management and the

working organization of organized dentistry, is something we must do. This is a profession that renders a wonderful service to the general public.

As to our finances, as with everything else in the rising costs of these days, the cost of operation of the American Dental Association is considerably higher than it was a few years ago. This is partly the result of expanding promotions and programs, and activities of the Association's agencies. And it is partly the result of rising costs of goods and of services, resulting from continued inflation.

In 1958 the Association will have a total income of approximately \$2,500,000. At the annual session last November, the House of Delegates authorized for the year expenditures of \$2,442,134. This leaves an excess of anticipated income over anticipated expenditures, of about \$56,000.

Because this gap has become so small in relationship to the total budget, the Board of Trustees and the House of Delegates have delayed action for many worth-while projects. There cannot be a major expansion of activities until new income is made available.

For this reason, the Board of Trustees representing the membership-at-large, recommended to the House of Delegates last November that an amendment to raise the annual dues be passed, which will be introduced in 1958, so that formal action on dues increase can be taken in 1959.

This would be made so that the increase would become effective in 1960. I believe that we should face this increase in finances with open minds. We must provide the support necessary to permit the Association to face current problems and to expand the activities of a steadily growing profession.

Now, as to legislation. Proposed laws and government regulations have a bearing on dentistry and dental health on various income levels. The Association is deeply interested in legislative proposals in Congress. The policy of the House of Delegates is to keep careful and strict watch upon proposed legislation.

The program that the Association strongly supports is the Jenkins-Keogh proposal, also known as the "self-employed Industrial Retirement Act." The major House Resolutions 9 and 10, would permit self-employed persons to build pension funds through a system of tax deferments. That is a privilege now accorded to the employees of businesses and industrial concerns.

As the proposed law now stands, a self-employed person would place into a pension or trust fund 10 per cent of his annual net taxable income, or up to a maximum deduction of \$5,000 a year, if percentage of income warrants that. The deductions would not be taxed until they are withdrawn later, as a pension, beginning when the individual is sixty-five.

Without doubt there is a sharp discrimination under the tax laws for the self-employed person. There are many things I don't understand. For instance, when our government pays a laborer not to labor, the farmer not to farm, and the soldier not to fight, these things begin to get rather confusing. It may be a sign — perhaps such a one as I read the other day in the office of a friend: "If you are not confused, you don't understand the issue!"

The self-employed dentist must learn that the cost of human depreciation, of self, is a part of the cost of professional service, and a liability that must eventually be faced. A man is a machine that wears out. The self-employed person should have a comparable privilege now accorded to the employees of businesses and industrial concerns.

Dental X-rays. The American Dental Association has been concerned for a number of years about the possible hazards involved in radiation. The Association maintains a research program at the National Bureau of Standards where radiation is one of the subjects under continued study. Additionally, the Association is represented on the National Committee of Radiation Protection, made up of authorities in this field.

There have been many misleading press and magazine reports which have tended to confuse the public. Last November, after a re-study of current evidence, the Council on Dental Research of the American Dental

Association, reaffirmed its belief that patients undergoing X-ray examinations, need have no undue concern.

X-rays are an essential aid to dental care. Efforts are being made by our agency to keep you abreast of the latest information and developments pertaining to the accepted standard theories of radiation and exposure.

There is another activity which I am pleased to report. Dentistry in these United States has progressed enormously in recent years. Its leadership is acknowledged throughout the world. The development has been rapid and impressive. One of the important responsibilities of a profession's accredited membership, is to look seriously at its position and its course.

The time would appear to be at hand for an investigation of dentistry in these United States. And so I am happy to report that the most comprehensive survey in the history of dentistry is being conducted this year. It is being carried out by the Council on Education, at the request of the American Dental Association. Headquarters have been set up in Chicago for the study of dental education, dental research, dental practice, and dental health.

A survey by a national committee, composed of representatives of such groups as education, industry, labor, medicine, and dentistry, and other fields, is being conducted. The four representatives of dentistry on this survey are Dr. Willard C. Fleming, Dean of the School of Dentistry at the University of California; Dr. Otto W. Brandhorst, Past President of the American Dental Association and now Secretary of the American College of Dentists; Dr. Don W. Gullet, Secretary of the Canadian Dental Association; and your esteemed President-Elect, Dr. Percy T. Phillips of the American Dental Association.

This study climaxes the report of a special committee of the American Dental Association, which has been working several years in making plans for the general financing of same. Let me quote the objectives:

"To assess achievements, potentials and realities of dentistry in the United States;

"To determine desirable areas for future development; and

"To recommend methods for the better provision of an essential service to the American people."

Another subject that I am proud to report on, is the progress of water fluoridation.

Approximately 16,000 municipalities are using water fluoridation by adding the recommended amount to their water supplies, serving well over 33 million people.

Approximately eighteen foreign countries have added fluorides to their water.

The Annual Convention of the American Dental Association is to be held in Dallas, Texas, this year. Just last year Dallas completed a memorial auditorium. It is a beautiful, multi-million-dollar structure that is air-conditioned throughout. Here, the scientific program will be presented on November 10 through 13. Preparations are under way at the Council on Scientific Sessions for a program that will be tantamount in many respects to a summary refresher course. And I am looking forward to seeing you there.

There are many other things I would like to talk to you about, such as the selective law pertaining to the Armed Forces, hospitals and dentistry, and group payment programs. However, time will not permit it. However, I would like to take a minute to remind you of two very vital and important things that will be before the House of Delegates in Dallas, Texas, again this year.

One is Medicare in remote areas. Now, these servicemen and their dependents must be served, and our profession is ready and willing to co-operate to see that the very best of dental care is rendered.

But now another subject. It is the dental care of the employed employees of the Federal services, and their dependents. We are concerned

about this. It is an entirely different subject, and it is a very, very confusing one. And I find in the different states that I represent that the two are very confused in a lot of the men's minds.

I am sure that your delegates will well acquaint themselves, or have already done so, with these different things. It may be a socialistic trend, I don't know.

But brother, I want a number of you men who have thought about this, to appear before the Reference Committee in Dallas, Texas, and express your opinions. Tell them what you think, not only of these two things that I mentioned, but many of the other things that determine the policies the House of Delegates hands down to your Board of Trustees, which shape and direct the policies of the American Dental Association.

They are your representatives—they are not my representatives. They, the House of Delegates, are the governing body of the American Dental Association. If our independent record is to be maintained we the men of the profession must assume the responsibility for future progress. Our profession is currently beset with many vexing problems.

Let us use to advantage the opportunity for discussion of these problems at the Reference Committee at our Annual Meeting, in order to assist in accomplishing the desired ends for the betterment of our profession and the service to our fellow-men.

You have been a wonderful audience. I thank you all many, many times, for your kind indulgence.

Thank you.



The North Carolina Dental Auxiliary entertained its members with an hilarious Male Fashion Show as a part of the festivities of its Eighth Annual Meeting. The entire cast posed for a picture.

North Carolina State Board of Dental Examiners

DARDEN J. EURE, D.D.S., *President*
(1958)
J. HOMER GUION, D.D.S. *Secretary-Treasurer* (1958)
S. W. SHAFFER, D.D.S. (1959)
WADE H. BREELAND, D.D.S. (1959)
G. SHUFORD ABERNETHY, D.D.S.
(1960)
S. L. BOBBITT, D.D.S. (1960)

NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS Condensed Cash Receipts and Disbursements Year Ended December 31, 1957

Cash on Hand and In Bank January 1, 1957.....	\$16,634.64
Cash Receipts during year:	
Dental Licenses Issued.....	\$6,490.00
Hygienist Licenses Issued.....	158.00
Dental Examination Fees.....	2,370.00
Hygienist Examination Fees.....	400.00
Reinstatement Fees.....	70.00
Penalties for Late Applications.....	22.00
Duplicate of Original License.....	2.00
Dental Directories.....	10.00
	<hr/>
Total Cash Receipts.....	9,522.00
	<hr/>
Total Cash to Be Accounted for.....	26,156.64
Cash Disbursements during year:	
Salaries:	
Secretary-Treasurer	
Dr. J. H. Guion.....	\$500.00
Assistant Secretaries	
Elizabeth A. Moore.....	291.66
Marie W. Michael.....	370.39
	<hr/>
	\$1,162.05
Per Diem Travel Expense of State Board.....	1,935.05
Dues American Association Dental Examiners.....	75.00
Board Meetings & Examination Expense.....	1,020.03
Postage, Stationery, Printing & Office Supplies.....	1,225.46
Auditing	100.00
Refunded License & Examination Fee.....	35.00
Telephone & Telegraph.....	206.20
Maintenance of Office Equipment.....	15.00
Die for Dental Examiners Key.....	75.00
Depreciation Fund, UNC School of Dentistry.....	365.00
Examiners Keys Purchased.....	21.02
Expenses Two Delegates American Association	
Dental Examiners	325.48
Office Equipment	91.45
Attorney Fees and Investigation Service.....	8,477.77
	<hr/>
Total Cash Disbursements.....	15,129.51
	<hr/>
Cash on Hand and In Bank December 31, 1957.....	\$11,027.13

February 14, 1958

Honorable Luther H. Hodges
Governor of North Carolina
Raleigh, North Carolina

Dear Sir:

In accordance with the provision of the Dental Law, I wish to hand you herewith a report of the proceedings of the North Carolina State Board of Dental Examiners for the calendar year of 1957.

Four meetings of the Board have been held during the year.

The first special meeting of the North Carolina State Board of Dental Examiners was held at the Carolina Hotel, Pinehurst, North Carolina, May 7, 1957, for the purpose of discussing routine matters pertaining to the Board, and to dispose of any other business coming before the meeting.

All members of the Board were present.

Dr. Sam L. Bobbitt, of Raleigh, North Carolina, and Dr. G. Shuford Abernethy, of Hickory, North Carolina, who were elected to membership on the Board by the North Carolina Dental Society on May 6, 1957, were invited to attend this meeting in the capacity of observers.

On motion by Dr. Breeland, seconded by Dr. Shaffer, it was voted that the Board donate this year to the depreciation fund of the Dental School at the University of North Carolina, a sum of Five Dollars (\$5.00) per applicant in appreciation of our having full use of the school facilities for the week of June 24.

The Board heard a report from Dr. Cleon Sanders, Chairman of the Legislative Committee of the North Carolina Dental Society, relative to the proposed changes in the Dental Law Governing the Practice of Dentistry in North Carolina.

A report was made that Dr. Erika Mazitis, who does not have a dental license in North Carolina, was on the staff of the State Hospital at Morganton without supervision of a licensed dentist as the law requires. Motion was made and passed that the secretary notify the superintendent of the hospital to terminate her employment until the provisions of G. S. 90-29 were met.

Dr. Sanders yielded his chair to Dr. Eure and made a motion, seconded by Dr. Guion, that the Board pay transportation and hotel bill for any Board Members who serve as delegates to the annual meeting of the American Association of Dental Examiners. Motion passed.

The secretary reported to the Board that he had employed the Abernathy Service Company, of Charlotte, North Carolina, to do investigative work for the Board.

The Board voted to meet at Chapel Hill, North Carolina, Saturday, June 22, 1957, at 6:00 p.m., for the purpose of examining applications of applicants who have applied for examination, beginning Monday, June 24, 1957, at 9:00 a.m.

The second meeting of the Board was the seventy-seventh regular annual meeting, held at the Carolina Inn, Chapel Hill, North Carolina, June 22, 1957, at 6:00 p.m., for the purpose of examining applications of applicants who have applied for examination, beginning Monday, June 24, 1957, at 9:00 a.m.

All members of the Board were present. Dr. Sam L. Bobbitt, of Raleigh, North Carolina, and Dr. G. Shuford Abernethy, of Hickory, North Carolina, who were recently elected by the North Carolina Dental Society as new members of the Board, were present to observe.

Seventy-seven applications for dental examination and twenty applications for dental hygiene examination were examined and found in order, and were permitted to take the examination given by the Board.

Applicant No. 3, Dr. Russell Payne Greer, applicant No. 5, Dr. Floyd Henry Blackwell, applicant No. 18, Dr. George Seltzer, and applicant No. 76, John Leslie Andrews, Jr., withdrew their applications.

The examinations, held in the Dental School of the University of North

Carolina, started promptly at 9:00 a.m., Monday morning, June 24, and continued until 5:00 p.m., Thursday, June 27.

The secretary reported on the case of Morris Gurley, of Goldsboro, North Carolina, a laboratory technician who has been practicing dentistry without a license. Appropriate action to be taken by the secretary.

The secretary reported that a complaint has been received from dentists in Raleigh, North Carolina, that a laboratory technician in that city was doing dental work. An investigation was ordered.

An application for reinstatement of the license of Dr. Glenn R. Penny, of Alexandria, Virginia, was received. Upon evidence of having conducted an ethical and proficient practice since leaving North Carolina, Dr. Penny's license was reinstated.

The secretary reported that there was evidence that Dr. Charles Donald Dawkins, of Rockingham, and High Point, was conducting a practice in violation of the Dental Practice Act. The secretary was directed to gather the pertinent information relative to this matter, and take the necessary steps as by law required, to call a special meeting of this Board for the purpose of considering the charges preferred against the said Charles Donald Dawkins at such time as can be conveniently arranged after giving the required notice of such meeting.

A message was received by the secretary during the meeting that a laboratory had opened in Charlotte, operated by Mr. Everette Bidy and Mr. Burt Martell, and was advertising in violation of the Dental Practice Act. These men were informed of the recent amendments to the dental law, and they closed their place of business.

The Board voted to meet at the Sir Walter Hotel, Raleigh, North Carolina, Saturday, July 20, 1957, at 5:00 p.m., for the purpose of canvassing the grades of the applicants who participated in the examination.

The third meeting of the North Carolina State Board of Dental Examiners was held at the Sir Walter Hotel, Raleigh, North Carolina, on July 20 and 21, 1957, for the purpose of canvassing the grades of the applicants who participated in the examinations beginning June 24, 1957. All members of the Board were present.

The officers elected for the ensuing year were as follows:

President—Dr. Darden J. Eure

Secretary-Treasurer—Dr. J. H. Guion

Delegates to the North Carolina Dental Society:

Dr. G. Shuford Abernethy

Dr. Sam L. Bobbitt

Delegates to the American Association of Dental Examiners:

Dr. S. W. Shaffer

Dr. G. Shuford Abernethy

The results of the tabulation of the grades of the examination given beginning June 24, 1957, in Chapel Hill, North Carolina, revealed the following applicants for dental licensure having made an average of 80 per cent or more, were issued license to practice dentistry in North Carolina:

Name—Address	License No.
Lewis Ealy Lamb, Jr., Raleigh, N. C.....	2495
David Brown Masters, Raleigh, N. C.....	2496
James Albert von Gruenigen, Murphy, N. C.....	2497
Roy Eugene Gaines, Chapel Hill, N. C.....	2498
Thomas Ashley Haywood, Jr., Rockingham, N. C.....	2499
Lyman Loraine Duley, Smithland, Ky.....	2500
Max Lewis Spurlin, Tryon, N. C.....	2501
Kenneth Taylor, Jr., Magnolia, N. C.....	2502
Charles William Walker, Hollywood, Fla.....	2503
Ernest Linwood Robinson, Wilmington, N. C.....	2504
Charles Barker Sabiston, Chapel Hill, N. C.....	2505
Clarendon Foy Sherman, High Point, N. C.....	2506
Yates Hamilton Eaker, Lawndale, N. C.....	2507

Name—Address	License No.
Howard Warren Higgins, Spartanburg, S. C.	2508
Lamar Betts Pearson, Spartanburg, S. C.	2509
Robert Joseph Harned, Greensboro, N. C.	2510
Willard Isaiah Herring, Clinton, N. C.	2511
James Douglas Quarles, Abbeville, S. C.	2512
William Hood McLeod, Monroe, N. C.	2513
James Lowell Williams, Pittsboro, N. C.	2514
William Russell Jones, Chapel Hill, N. C.	2515
Chas. Gilbert Strange, Jr., Burlington, N. C.	2516
Robert Hogan Gaskins, Jr., Greenville, N. C.	2517
Robert Strickland Boyles, Chapel Hill, N. C.	2518
Bill Eugene Odom, Chapel Hill, N. C.	2519
Martin DeBerry Barringer, Chapel Hill, N. C.	2520
Arnold Campbell Shaw, Jr., Chapel Hill, N. C.	2521
Henry Von Murray, Jr., Burlington, N. C.	2522
Thomas Dodds Stokes, Jr., Lexington, N. C.	2523
Joseph Eugene Hamrick, Charlotte, N. C.	2524
Robert Brantley Peck, Concord, N. C.	2525
John Dewey Bost, Newton, N. C.	2526
Theodore Richard Oldenburg, Charlotte, N. C.	2527
Jack Bennett, Dunn, N. C.	2528
Kenneth Hunter Meadows, Hot Springs, N. C.	2529
John Thomas Nicholson, Arlington 4, Va.	2530
Harold Duke Fowler, Jr., Statesville, N. C.	2531
William Randolph Chapman, Inman, S. C.	2532
Bernard Chandler Harris, Swansboro, N. C.	2533
Fay Hoyle Culbreth, Spindale, N. C.	2534
John Lawrence Prugh, Charlotte, N. C.	2535
Carol Hyde Johnson, Brevard, N. C.	2536
Samuel Lester Snyder, Philadelphia, Pa.	2537
Owen Ray McKenzie, Chapel Hill, N. C.	2538
Joseph Perry Carpenter, Key West, Fla.	2539
Junius Harris Rose, Jr., Carrboro, N. C.	2540
Hal Avon Davis, Jr., High Point, N. C.	2541
John Lafayette Ashby, Jr., Mt. Airy, N. C.	2542
Andrew Jackson Franklin, III, Chapel Hill, N. C.	2543
John Sidney Hood, Chapel Hill, N. C.	2544
Edwin Bonner Davis, Jr., Chapel Hill, N. C.	2545
Oehmig Daniel Rowe, Nebo, N. C.	2546
James Bickle Houser, III, Gastonia, N. C.	2547
Erika Kalnins Mazitis, Morganton, N. C.	2548
Claude Adolphus Sherrill, Jr., Spartanburg, S. C.	2549
Robert Manville Fox, Burlington, N. C.	2550
Robert Hugh Watson, Charlotte, N. C.	2551
Floy Theodore Oldham, Jr., Chapel Hill, N. C.	2552
John Holland Jarrett, Asheville, N. C.	2553
Gordon Cox Taylor, Richlands, N. C.	2554
John Sanders Pike, Chapel Hill, N. C.	2555
William Cassie Mercer, Jr., Whiteville, N. C.	2556

The following applicants for Dental Hygiene license, having made an average of 80 per cent or more, were issued license to practice dental hygiene in North Carolina:

Name—Address	License No.
Linda Lee Cleveland, Jacksonville, Fla.	98
Estelle McClure, Asheville, N. C.	99
Sheila Rae Angstadt, Charlotte, N. C.	100
Sandra Gwen Wallace, Anniston, Ala.	101
Janet Claire Johnson, Orlando, Fla.	102
Sue Gregory Rush Sherman, Burlington, N. C.	103
Isabel Andrews Holbrook, Kannapolis, N. C.	104

Name—Address	License No.
Mrs. Alda Poor Fant, Brevard, N. C.....	105
Jane Lee Darnell, Durham, N. C.....	106
North Carol Liner, Hillsboro, N. C.....	107
Mrs. Earshlie Irene Albert, Silver Springs, Md.....	108
Ann Elizabeth Mitchell, Charlotte, N. C.....	109
Angeline Effie Papazisis, Jacksonville, Fla.....	110
Jane Ann Pierce, Jacksonville, Fla.....	111
Sylvia Ezell McArthur, Spartanburg, S. C.....	112
Bennia Jo Carpenter, Thomasville, N. C.....	113

The following applicants for dental license, having made an average grade of less than 80, were declared to have failed the examination:

Name—Address
Edward John Setlik, Wilson, N. C.
Roy Christopher Page, Baltimore, Md.
William Mitchell Heeden, Jr., Chapel Hill, N. C.
Robert E. Lee Turner, Chapel Hill, N. C.
Laban Theodore McClure, Huntington, W. Va.
Ernest Eugene Schaefer, Fayetteville, N. C.
Carol A. Reeb, Willmette, Ill.
George Robert Smith, Richmond, Va.
Norman Glebe Becker, Jr., Tarawa Terrace, N. C.
Faust Courtney Browne, Chicago, Ill.
Harold Daniels, New York, N. Y.

The following applicants for dental hygiene license, having made an average grade of less than 80, were declared to have failed the examination:

Name—Address
Mrs. Shirley Louise Allen, Charlotte, N. C.
Betty Ann McGinnis, Chapel Hill, N. C.
Eleanor Louise Doan, Bristol, Tenn.
Elizabeth Harlean Carpenter, Union Mills, N. C.

The fourth meeting of the North Carolina State Board of Dental Examiners was held at the Sheraton Hotel, High Point, North Carolina, September 27, 1957, at 10:30 a.m. for the purpose of hearing charges against Dr. Charles Donald Dawkins, of High Point, North Carolina, who was charged by Mr. Charles F. Abernathy, investigator, employed by the Board, with violation of Article 2, Chapter 90, General Statutes, to wit:

(1) Dr. Dawkins has had and still has a professional connection with one Enrique Deliz Sanchez in an effort to avoid and circumvent the provisions of Article 2 of Chapter 90 of the General Statutes of North Carolina.

(2) Dr. Dawkins permitted and is permitting the use of his name by another, to wit, Enrique Deliz Sanchez, for the illegal practice of dentistry by such person.

(3) Dr. Dawkins has accepted employment and is presently employed by an unlicensed person, to wit, Enrique Deliz Sanchez, to enable that person to perform work and to receive the benefits of work which can be legally done or performed only by persons holding a license to practice dentistry in North Carolina.

(4) Dr. Dawkins has by himself or another, to wit, Enrique Deliz Sanchez, solicited or advertised for professional business in violation of G. S. 90-41, and of the Code of Ethics of Dentistry as adopted by the North Carolina Dental Society and the American Dental Association.

(5) Dr. Dawkins has been guilty of unprofessional conduct in the practice of dentistry in that he has (a) enabled Enrique Deliz Sanchez to practice dentistry illegally by lending the use of his name and presence to the said Sanchez, who is manager, proprietor, operator or conductor of the Deliz Dental Laboratory, a place where dental operations are performed; (b) entered into an agreement with the said Sanchez

by which Sanchez pays to him for his services as a dentist the sum of five hundred dollars (\$500) a month and by which the said Sanchez receives the benefits of all the earnings of the said Dr. Dawkins over and above the said five hundred dollars (\$500) per month and the expense of maintaining and operating said offices.

The meeting was called to order by Dr. Darden J. Eure, President. All members of the Board were present, as was Dr. G. Shuford Abernethy who was elected to the Board at the North Carolina Dental Society meeting in Pinehurst, North Carolina, earlier in the year.

Dr. Dawkins was present, and was represented by counsel, Mr. H. F. Sewell, Jr.

The Board was represented by Mr. J. W. Grier, Jr., and Mr. Francis I. Parker, of Charlotte, North Carolina, and Mr. Robert Bencini, of High Point, North Carolina. The Court reporter for the County of Mecklenburg recorded the proceedings.

Mr. Grier presented the evidence to the Board against Dr. Dawkins in the form of affidavits and witnesses in support of the charges that had been preferred.

At the conclusion of the evidence, the Board went into executive session. After discussion of the case, it was voted unanimously to revoke the license of Dr. Charles Donald Dawkins.

The Board presented the following decision: The Board has considered the evidence and has voted unanimously that the charges against you, Dr. Dawkins, are true and that your license be revoked. The Board will enter in its minutes an order to that effect, and you are hereby directed to surrender the license to practice dentistry in North Carolina, which you have from this Board, to the secretary of the Board.

In the case of Enrique Deliz Sanchez, plaintiff, vs. The North Carolina State Board of Dental Examiners; George B. Patton, Attorney General of the State of North Carolina; and Horace R. Kornegay, Solicitor of Twelfth District, defendants, in which the plaintiff sought a permanent injunction against the defendants to keep the defendants from enforcing the Dental Practice Act, as amended in the 1957 Legislature.

This action came on to be heard before Her Honor, Susie Sharp, Judge presiding at the October 14, 1957, Civil Term of Superior Court of Guilford County, High Point Division, the parties by stipulation having waived trial by jury and agreed that the judge should find the facts, determine the legal issues and render judgment thereon. The plaintiff was represented by his attorney, William B. Byerly, Jr., and the defendants by their attorneys, Robert E. Bencini, Jr., Francis I. Parker, and Joseph W. Grier, Jr.

Based upon the admissions in the pleadings, stipulation of the parties, evidence presented and arguments of counsel, the Court, after the findings of fact, makes the following conclusions of law and renders judgment thereon:

CONCLUSIONS OF LAW

1. That the following provisions of the statutory definition of the practice of dentistry as set forth in G. S. 90-29, as amended by Chapter 592 of the Laws of 1957 and challenged by the plaintiff, are valid and deprive the plaintiff of no right to which he is entitled under either the Constitution of the State of North Carolina or of the United States of America:

Who owns, maintains or operates an office for the practice of dentistry; or

Who is a manager, proprietor, operator or conductor of a place where dental operations are performed; or

Who furnishes, supplies, constructs, reproduces or repairs, or offers to furnish, supply, construct, reproduce or repair, prosthetic dentures (sometimes known as "plates"), bridges or other substitutes for natural teeth to the user or prospective user thereof.

2. That the following portion of the definition of the practice of dentistry as set forth in G. S. 90-29 as amended by Chapter 592 of the

Laws of 1957, is so indefinite and so broad in its scope as not to constitute a proper exercise of the regulatory powers of the state and is therefore void and unenforceable:

"or who engages in any of the practices included in the curricular of recognized and approved dental schools or colleges."

That such invalid part of the statutory definition of the practice of dentistry is independent and separable from the remaining portions thereof, and said remaining portions are complete in themselves and are capable of enforcement.

3. That the practice of dentistry affects the public health, safety and welfare, and is subject to regulation and control in the public interest.

4. That the regulation and control of dentistry, which the General Assembly of North Carolina has established by Article 2 of Chapter 90 of the General Statutes, as amended by the Laws of 1957, is not arbitrary and is reasonably designed to protect the public health and welfare.

5. That under the provisions of G. S. 90-40.1, it is the duty of the Court, as a part of this final judgment, to enter a permanent injunction against said plaintiff restraining him from the commission or continuance of the acts in violation of the statute as established by the foregoing findings of fact.

6. That the plaintiff is not entitled to a continuation of the temporary restraining order heretofore entered in this cause.

NOW, THEREFORE, IT IS ORDERED, ADJUDGED AND DECREED:

1. That the plaintiff be and he is hereby permanently enjoined and restrained from: (a) representing himself as being able to prescribe for swollen gums; (b) undertaking by the means and methods of artificial teeth or dentures to diagnose, treat, operate or prescribe for deficiencies, deformities or physical conditions of the teeth, alveolar process, gums or associated tissues or parts; (c) taking impressions of the teeth or jaws; (d) owning, maintaining or operating an office for the practice of dentistry; (e) engaging in prosthetic dentistry; (f) being manager, proprietor, operator or conductor of a place where dental operations are performed, to wit: Deliz Dental Laboratory, 201 Wright Building, High Point, North Carolina; (g) performing prosthetic dental operations for compensation; (h) furnishing, supplying, constructing, reproducing or repairing prosthetic dentures (sometimes known as "plates"), bridges or other substitutes for natural teeth to the user or prospective user thereof.

2. That the temporary restraining order entered in this cause by His Honor, Walter E. Crissman, on July 17, 1957, be and the same is hereby vacated.

3. That the defendants have and recover of the plaintiff the costs of this action as taxed by the Clerk.

This the 17th day of October, 1957.

Signed: Susie Sharp, Judge Presiding.

I am enclosing herewith a financial statement of the Board of Dental Examiners as of January 1, 1957, to December 31, 1957, which was compiled by Certified Public Accountants.

Respectfully submitted,

J. H. GUION, *Secretary-Treasurer*
North Carolina State Board of
Dental Examiners.

Personnel of the Board:

Dr. Darden J. Eure, *President*
Dr. J. H. Guion, *Secretary-Treasurer*
Dr. Sam L. Bobbitt
Dr. Sam W. Shaffer
Dr. Wade H. Breeland
Dr. G. Shuford Abernethy

Action by the House of Delegates: Accepted by title May 4, 1958.

Scientific Sessions

ESSAYISTS
CLINICIANS

ESSAYISTS

Paul L. Chevalier, D.D.S., Richmond, Virginia
Louis I. Grossman, D.D.S., Philadelphia, Pennsylvania
L. B. Higley, D.D.S., UNC School of Dentistry, Chapel Hill, N. C.

CLINICIANS

CROWN AND BRIDGE: F. T. Oldham, D.D.S., Morganton; S. D. Peterson, Jr., D.D.S., Charlotte; A. Dwight Price, D.D.S., Chapel Hill; Kenneth Ray, D.D.S., Asheville.

DENTAL ROENTGENOLOGY: E. U. Austin, D.D.S., Charlotte; C. E. Crandell, D.D.S., UNC School of Dentistry, Chapel Hill.

ENDODONTICS: J. B. Freedland, D.D.S., Charlotte; C. D. Gerdes, D.D.S., Asheville.

HYPNOSIS: A. G. Inscoc, D.D.S., Spring Hope.

OPERATIVE DENTISTRY: Lawrence A. Cameron, D.D.S., St. Pauls.

ORAL DIAGNOSIS AND TREATMENT PLANNING: Charles B. Ledbetter, D.D.S., Raleigh.

ORTHODONTICS: A. C. Riddle, Jr., D.D.S., Asheville.

PEDODONTICS: Donald L. Henson, D.D.S., Kinston; James H. Lee, D.D.S., Mount Olive; Lewis Lee, D.D.S., Wilson; Barry G. Miller, D.D.S., Charlotte.

PERIODONTICS: Paul M. Cummings, Jr., D.D.S., UNC School of Dentistry, Chapel Hill.

PHARMACOLOGY: A. E. Billet, D.D.S., Youngstown, Ohio.

PROSTHETICS: Ralph S. Campbell, D.D.S., VA Hospital, Salisbury; S. L. Orleans, D.D.S., VA Hospital, Salisbury; J. A. Pearce, D.D.S., Raleigh.

MISCELLANEOUS: L. G. Page, D.D.S., Yanceyville.

NORTH CAROLINA DENTAL ASSISTANTS' ASSOCIATION: Jessie Cannon, Durham; Bette B. Holmes, UNC School of Dentistry, Chapel Hill; Margaret Marrow, Asheville; Sarah Perry, Statesville; Tressie Starrette, Statesville; Dot Thompson, Statesville; Margaret Umbeck, Asheville.

NORTH CAROLINA DENTAL HYGIENISTS' ASSOCIATION: Ann M. Jamison, Durham; Carol Liner, Hillsboro.

House of Delegates

ATTENDANCE RECORD

	M E E T I N G S			
	First May 4	Second May 5	Third May 6	Fourth May 7
DELEGATES				
OFFICERS				
Ralph D. Coffey	X	X	X	X
Daniel T. Carr	X	X	X	X
S. Everett Moser		X	X	X
Luther H. Butler	X	X	X	X
EXECUTIVE COMMITTEE				
Moultrie H. Truluck		X	X	X
R. B. Barden	X	X	X	X
E. A. Pearson, Jr.				
ETHICS COMMITTEE				
G. L. Hooper	X	X	X	X
C. E. Minges	X	X		X
H. K. Crotts				
H. D. Froneberger		X		
H. V. Murray	X	X	X	X
STATE BOARD OF HEALTH				
Z. L. Edwards	X	X	X	X
N. C. STATE BOARD OF DENTAL EXAMINERS				
S. L. Bobbitt	X	X	X	X
G. Shuford Abernethy	X	X	X	X
FIRST DISTRICT				
C. Z. Candler, Jr.		X	X	X
A. L. Poovey	X	X	X	
K. M. Ray	X	X	X	
Dennis Cook	X	X	X	X
S. H. Isenhower	X			X
ALTERNATE DELEGATES				
Frank E. Martin				X
Max Carpenter				
W. T. McFall	X			
W. D. Yelton				X
SECOND DISTRICT				
Thomas G. Nisbet	X	X	X	X
James A. Harrell	X	X	X	
J. P. Reece	X	X	X	X
E. U. Austin	X	X	X	X
Riley E. Spoon, Jr.		X	X	X

DELEGATES	M E E T I N G S			
	First May 4	Second May 5	Third May 6	Fourth May 7
THIRD DISTRICT				
S. P. Gay	X	X		X
W. P. Hinson, Jr.				
W. K. Griffin		X	X	X
C. W. Poindexter	X	X	X	X
T. E. Sikes, Jr.	X	X		
ALTERNATE DELEGATE				
T. E. Sikes, Sr.			X	
FOURTH DISTRICT				
Marvin T. Jones, Jr.	X	X	X	X
J. B. Powell				
E. A. Pearson, Jr.				
L. D. Herring	X	X	X	X
Colin P. Osborne, Jr.	X	X	X	X
ALTERNATE DELEGATES				
C. E. Abernethy			X	
P. L. Pearson				X
Marcus R. Smith	X			
L. M. Massey	X			
Paul Fitzgerald, Jr.		X		X
Walter Finch		X		
FIFTH DISTRICT				
R. Fred Hunt	X	X	X	X
Coyte R. Minges	X	X		
Charles T. Barker			X	
Paul E. Jones	X	X	X	X
W. W. Umphlett, Jr.	X	X	X	X
ALTERNATE DELEGATES				
Charles B. Johnson (New Bern)				
Charles S. Cooke	X			
Donald Henson				
W. H. Gray, Jr.				



(Left) Past President and Mrs. W. T. Martin breakfast at The Carolina during the 102nd Annual Session. (Right) Executive Committee Chairman, Dr. M. H. Truluck, pins the President's Emblem on Dr. Ralph D. Coffey at the annual banquet.

General Sessions

MAY 4, 1958, 8:30 P.M.
MAY 5, 1958, 10:00 A.M.
MAY 5, 1958, 8:00 P.M.
MAY 7, 1958, 11:30 A.M.
REGISTRATION

FIRST GENERAL SESSION

Sunday, May 4, 1958

The First General Session of the 102nd Annual Meeting of the North Carolina Dental Society was called to order by President Ralph D. Coffey in the Ballroom of The Carolina, Pinehurst, North Carolina, at 8:35 p.m., Sunday, May 4, 1958.

The invocation was offered by Dr. Boyce A. Brawley.

A service was conducted by Dr. William D. Yelton, Chairman of the Necrology Committee, in memory of those members who had died during the past year. The Chorus of the UNC School of Dentistry, under the direction of Dr. R. E. Sturdevant concluded the Necrology Service with the singing of "The Lord's Prayer." Mrs. R. E. Sturdevant was the piano accompanist.

Guests from out-of-state were welcomed and introduced by Dr. W. J. Turbyfill, Chairman of the Entertainment of Out-of-State Visitors Committee.

The following brought greetings from their organizations: Mrs. L. D. Herring, President, North Carolina Dental Auxiliary; Mrs. Margaret Cain, President, North Carolina Dental Hygienists' Association; Dr. C. C. Poindexter, President, The Dental Foundation of North Carolina, Inc.

Mrs. L. D. Herring, President of the North Carolina Dental Auxiliary presented President Coffey with a check in the amount of \$1,787.28 payable to the North Carolina Dental Society Relief Fund, which represented the proceeds from the annual Scrap Amalgam Drive sponsored by the Auxiliary.

Dr. Cecil A. Pless introduced Rear Admiral Ralph W. Malone, Chief, Dental Division, U. S. Navy and a native North Carolinian.

Following an address by Admiral Malone, Dr. Frank O. Alford escorted Mrs. Malone to the rostrum. Messages of congratulations to Admiral Malone were read by Secretary-Treasurer Luther H. Butler from the following: Captain C. W. Schantz, Commanding Officer, U. S. Naval Dental School, Bethesda, Maryland; Rear Admiral C. C. DeFord, Inspector Naval Dental Activities, Atlantic Coast, New York, New York; Rear Admiral B. W. Hogan, Surgeon General, United States Navy, Washington, D. C.; Rear Admiral Ralph W. Taylor, Inspector General, Dental, Washington, D. C., Senator Sam J. Ervin (N. C.); Rear Admiral J. C. Daniel, Commandant, Sixth Naval District, Charleston, South Carolina; and Admiral Malone's staff in the Dental Division Bureau of Medicine and Surgery, Washington, D. C.

Mrs. Malone was recognized and presented a corsage.

Dr. Alford, on behalf of the North Carolina Dental Society, presented Admiral Malone with a sterling silver bowl as a token of appreciation for the service the Admiral rendered the nation, the prestige he brought to the dental profession, and the pride the Society has taken in his accomplishments.

In tribute to Admiral Malone, the chorus of the UNC School of Dentistry sang "Anchors Aweigh."

Following a program of choral music by the Chorus of the UNC School of Dentistry, the meeting was adjourned at 10:25 p.m.

SECOND GENERAL SESSION

Monday, May 5, 1958

The Second General Session of the 102nd meeting of the North Carolina Dental Society was called to order by President Ralph D. Coffey in the Ballroom of The Carolina, Pinehurst, North Carolina, at 10:15 a.m. Monday, May 5, 1958.

The invocation was offered by Dr. Henry C. Carr.

President Coffey relinquished the chair to Vice President Daniel T. Carr.

President Coffey addressed the General Session.

Vice President Carr appointed the following to the Committee on the President's Address: Doctors J. F. Reece, Chairman; J. A. McClung, C. C. Poindexter, Horace K. Thompson and D. L. Pridgen.

President Coffey then resumed the chair.

Secretary-Treasurer Luther H. Butler read greetings to the Society from the North Carolina Dental Auxiliary and the North Carolina Dental Assistants' Association.

President Coffey recognized Dr. Clyde E. Minges who introduced Dr. Percy T. Phillips, President-Elect of the American Dental Association. Dr. Phillips addressed the General Session on "The Association's Obligations in Changing Times."

Greetings to the Society from Dr. Harry Lyons, immediate past President of the American Dental Association were read by President Coffey.

President Coffey recognized Dr. A. C. Current who presented the next speaker, Dr. John C. Brauer, Dean, UNC School of Dentistry. Dr. Brauer addressed the General Session on "Dental Manpower in North Carolina."

Dr. and Mrs. Henry T. Clark, Jr., were recognized. Dr. Clark is the Administrator of the Division of Health Affairs, University of North Carolina.

The meeting was adjourned at 12:45 p.m.

THIRD GENERAL SESSION

Monday, May 5, 1958

The Third General Session of the 102nd Annual Meeting of the North Carolina Dental Society was called to order by President Ralph D. Coffey in the Ballroom of The Carolina, Pinehurst, North Carolina, at 8:30 p.m., Monday, May 5, 1958.

Secretary-Treasurer Luther H. Butler read greetings to the Society from Dr. William R. Alstadt, President, American Dental Association and Dr. A. T. Jennette. The latter expressed regret on not being able to be present because of illness.

The officers of the North Carolina Dental Society for 1958-59 were elected as follows:

President-Elect—W. B. Sherrod, Winston-Salem

Vice President—Charles H. Teague, Greensboro

Secretary-Treasurer—Luther H. Butler, Greensboro

Members of the North Carolina State Board of Dental Examiners were elected as follows:

Dr. Horace K. Thompson to succeed Dr. Darden J. Eure

Dr. J. Homer Guion to succeed himself

Delegates to the ADA House of Delegates were elected as follows:

Dr. Frank O. Alford and Dr. B. N. Walker to succeed themselves.

By a standing vote it was unanimously decided that the Annual Session in 1960 would be held in Pinehurst.

The meeting was adjourned at 10:30 p.m.

FOURTH GENERAL SESSION

Wednesday, May 7, 1958

The Fourth General Session of the 102nd Annual Meeting of the North Carolina Dental Society was called to order by President Ralph D. Coffey in the Ballroom of The Carolina, Pinehurst, North Carolina, at 11:30 a.m., Wednesday, May 7, 1958.

President Coffey recognized Dr. Paul E. Jones, who introduced Dr. Howard B. Higgins of Spartanburg, South Carolina, Trustee of the Fifth District of the American Dental Association. Dr. Higgins presented his report as Trustee of the Fifth District.

Greetings from the Virginia State Dental Association were read by Secretary-Treasurer Luther H. Butler.

Dr. Butler announced that the total registration for the 102nd Annual Session was 1,506, the largest attendance in the history of the Society.

President Coffey installed Dr. S. Everett Moser as President of the North Carolina Dental Society for the year 1958-59. Dr. Moser assumed the chair and presented Dr. Coffey with an engraved gavel as a token of appreciation of the Society for his services as President.

Dr. Moser installed the newly elected officers as follows:

Dr. W. B. Sherrod, President-Elect
 Dr. Charles H. Teague, Vice President
 Dr. Luther H. Butler, Secretary-Treasurer
 Dr. Horace K. Thompson, Member, N. C. State Board of Dental Examiners
 Dr. J. Homer Guion, Member, N. C. State Board of Dental Examiners
 Dr. Frank O. Alford, Delegate to ADA
 Dr. B. N. Walker, Delegate to ADA

The installation service was concluded with prayer by Dr. Moser.

President Moser announced the appointment of Dr. Norman F. Ross as Chairman of the Executive Committee.

Following the drawing and awarding of door prizes the 102nd Annual Meeting of the North Carolina Dental Society was adjourned at 12:45 p.m.

102ND ANNUAL SESSION

Pinehurst, North Carolina

May 4-7, 1958

REGISTRATION

NCDS Members

First District	115	
Second District	168	
Third District	176	
Fourth District	136	
Fifth District	88	683

Exhibitors	122
Auxiliary	220
Guests	178
Dental Hygienists	30
Dental Assistants	94
Dental Students	179

Total Registration	1,506
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**DIRECTORY OF MEMBERS, OFFICERS, AND COMMITTEES
 BEGINS ON PAGE 320**

Directory

NORTH CAROLINA DENTAL SOCIETY
OFFICERS AND COMMITTEES, 1958-
1959

ROSTER OF MEMBERS

LIST OF PAST PRESIDENTS

N. C. DENTAL ASSISTANTS' ASSOCIA-
TION—OFFICERS

N. C. DENTAL AUXILIARY—OFFICERS

N. C. DENTAL HYGIENISTS' ASSOCIA-
TION—OFFICERS

NORTH CAROLINA DENTAL SOCIETY

1958-1959

OFFICERS

S. EVERETT MOSER, *President*

W. B. SHERROD, *President-Elect*

CHARLES H. TEAGUE, *Vice President*

LUTHER H. BUTLER, *Secretary-Treasurer*

CLINTON C. DIERCKS, *Editor-Publisher*

ANDREW M. CUNNINGHAM, *Executive Secretary*

EXECUTIVE COMMITTEE

NORMAN F. ROSS (1961) *Chairman*

MOULTRIE H. TRULUCK (1960)

R. B. BARDEN (1959)

DELEGATES TO THE AMERICAN DENTAL ASSOCIATION

FRANK O. ALFORD (1961)

WILBERT JACKSON (1960)

PAUL E. JONES (1960)

WALTER T. McFALL (1959)

C. C. POINDEXTER (1959)

BERNARD N. WALKER (1961)

ALTERNATE DELEGATES TO THE AMERICAN DENTAL ASSOCIATION

LUTHER H. BUTLER

CLINTON C. DIERCKS

S. EVERETT MOSER

NORMAN F. ROSS

W. B. SHERROD

CHARLES H. TEAGUE

STANDING COMMITTEES

ADVISORY COMMITTEE FOR VETERANS ADMINISTRATION PRO-
GRAM—B. N. Walker (1962) *Chairman*; H. E. Plaster (1961), C. H.
Teague (1960), Guy E. Pigford (1959), L. D. Herring (1963).

CLINIC COMMITTEE—S. P. Gay, *Chairman*; H. S. Rhyne, Charles A.
Jarrett, Walter Finch, Richard F. Hunt, Jr.

CONSTITUTION AND BY-LAWS COMMITTEE—Z. L. Edwards
(1961), *Chairman*; Marcus R. Smith (1962), B. N. Walker (1960), S. W.
Shaffer (1959), Ralph L. Falls (1963).

COUNCIL ON DENTAL HEALTH AND INFORMATION—E. A. Pear-
son, Jr. (1963), *Chairman*; Harry A. Karesh (1962), E. S. Benson, Jr.
(1961), S. H. Isenhower (1960), R. F. Jarrett (1959).

ETHICS COMMITTEE—G. L. Hooper (1962), *Chairman*; C. E. Minges
(1961), H. K. Crofts (1960), H. D. Froneberger (1959), C. C. Poindexter
(1963).

EXHIBIT COMMITTEE—Guy R. Willis, Chairman; C. Z. Candler, Jr., R. Philip Melvin, D. W. Seifert, Dan Wright.

INSURANCE COMMITTEE—J. V. Davis, Jr. (1959), Chairman; E. L. Eatman (1962), S. P. Gay (1961), W. J. Turbyfill (1960), J. R. Edwards (1963).

LEGISLATIVE COMMITTEE—C. W. Sanders (1960), Acting Chairman; W. T. McFall (1962), Paul E. Jones (1961), Guy R. Willis (1959), E. U. Austin (1963).

LIBRARY AND HISTORY COMMITTEE—Neal Sheffield (1963), Chairman; S. H. Steelman (1960), R. Fred Hunt (1961), H. Royster Chamblee (1962), H. W. Thompson (1959).

COMMITTEE TO BRING THE HISTORY OF THE NORTH CAROLINA DENTAL SOCIETY UP-TO-DATE—(A sub-committee of the Library and History Committee)—Neal Sheffield, Chairman; H. C. Carr, Z. L. Edwards, Clyde E. Minges, C. S. McCall, Frank O. Alford, Ernest A. Branch.

MEMBERSHIP COMMITTEE—W. B. Sherrod, Chairman; A. L. Poovey, J. A. Harrell, W. P. Hinson, Jr., J. B. Powell, W. H. Gray, Jr.

NECROLOGY COMMITTEE—Boyce A. Brawley (1963) Chairman; W. D. Yelton (1962), D. T. Carr (1961), Marcus R. Smith (1960), E. L. Eatman (1959).

NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS—Sam W. Shaffer (1959), Wade H. Breeland (1959), G. Shuford Abernethy (1960), S. L. Bobbitt (1960), J. Homer Guion (1961), Horace K. Thompson (1961).

PROGRAM COMMITTEE—Thomas G. Nisbet, Chairman; S. H. Isenhower, Cleon W. Sanders, W. S. Peery, Baxter B. Sapp, Jr., R. B. Barden.

VISUAL EDUCATION AND SCIENTIFIC EXHIBITS COMMITTEE—(A subcommittee of the Program Committee)—Baxter B. Sapp, Jr., Chairman; L. K. Heath, Robert H. Sager.

PROSTHETIC DENTAL SERVICE COMMITTEE—C. P. Osborne (1963), Chairman; C. D. Eatman (1960), W. B. Sherrod (1962), J. B. Newman (1961), H. S. Plaster (1959).

PUBLICITY COMMITTEE—Z. L. Edwards, Jr. (1963), Chairman; C. W. Sanders (1962), Clyde Jarrett, Jr. (1961), Ralph L. Falls (1960), W. K. Griffin (1959).

RELIEF COMMITTEE—J. T. Lasley (1963), Chairman; R. Fred Hunt (1962), W. E. Clark (1961), E. L. Smith (1960), J. Homer Guion (1959).

STATE INSTITUTIONS COMMITTEE—E. D. Baker (1963), Chairman; M. M. Lilley (1962), M. H. Truluck (1961), B. B. Sapp, Jr. (1960), R. E. Masten (1959).

SPECIAL COMMITTEES

ADA CENTENNIAL COMMITTEE—C. C. Poindexter, Chairman; Clyde E. Minges, Frank O. Alford, Walter E. Clark, D. L. Pridgen, Wilbert Jackson, John R. Pharr, Paul E. Jones, R. M. Olive.

ADVISORY COMMITTEE TO NORTH CAROLINA DENTAL ASSISTANTS' ASSOCIATION—D. L. Pridgen, Chairman; M. E. Woody, H. P. Reeves, Jr., M. E. Walker, Guy Pigford.

ADVISORY COMMITTEE TO THE NORTH CAROLINA DENTAL HYGIENISTS' ASSOCIATION—A. Dwight Price, Chairman; H. O. Linberger, Jr., Riley E. Spoon, Jr., H. D. Froneberger, Horace K. Thompson.

ADVISORY COMMITTEE TO SCHOOL HEALTH CO-ORDINATING SERVICE—S. B. Towler, Chairman; Dennis Cook, Thomas L. Blair, George F. Kirkland, Jr., D. W. Seifert, Jr., H. Royster Chamblee, Paul E. Jones, Donald L. Henson.

BUDGET COMMITTEE—W. B. Sherrod, Chairman; Ralph D. Coffey, Luther H. Butler, C. H. Teague.

CANCER COMMITTEE—Marvin Evans, Chairman; Harold Plaster, T. E. Sikes, Jr., L. Franklin Bumgardner, Glenn Bitler, Coyte R. Minges.

CHILDREN'S DENTAL HEALTH WEEK COMMITTEE—Donald L. Henson, Chairman; Stuart A. Barksdale, A. C. Current, Jr., C. W. Poindexter, A. L. Poovey, Charles A. Jarrett, M. E. Newton, J. C. Farthing, C. R. VanderVoort, Nash Underwood, Henry O. Lineberger, Jr.

CLINIC BOARD OF CENSORS—Ralph D. Coffey, Chairman; Henry C. Harrelson, Frank G. Atwater, S. L. Bobbitt, Charles S. Cooke.

COMMITTEE ON PRESIDENT'S ADDRESS—C. W. Sanders, Chairman; A. C. Current, D. L. Pridgen.

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Demary, C. J. (5) New River Clinic (4613).....	Jacksonville
Demeritt, W. W. (3) UNC School of Dentistry (9-6857).....	Chapel Hill
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Derby, J. E. (1) (UL 6-8655).....	Tryon
Dickens, C. W. (3) Box 837 (8-6211).....	Chapel Hill
Dickey, Harry (1) (VE 7-2410).....	Murphy
Dickson, B. A. (1) 10½ S. Main St.....	Marion
Diercks, Clinton C. (1) Box 270 (HE 7-4811).....	Morganton
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Ditto, W. M. (3) 1219 Magnolia St. (BR 4-5126).....	Greensboro
Dixon, John H. (2).....	
408 Hawthorne Medical Center (FR 7-2373).....	Charlotte
Dixon, T. L. (3) 111 Corcoran St. (2-3131).....	Durham
Dobson, David P. (3) 219 E. Rosemary St.....	Chapel Hill
Dolbee, Earl R., Jr. (1) 312 Commercial Bldg.....	Hendersonville
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Dowdy, John H. (5) 418 Peachtree St.....	Rocky Mount
Draughon, Donald R. (3) 703 Vickers Ave. (2-6591).....	Durham
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Durham, B. J. (3) Box 918 (2-2391).....	Southern Pines
Eagles, R. L. (4).....	Louisburg
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Eatman, C. D. (5) 212 Peoples Bank Bldg.....	Rocky Mount
Eatman, E. L. (5) 212 Peoples Bank Bldg.....	Rocky Mount
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Edwards, Byard F. (1) 406 W Warren St. (5811).....	Shelby
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Edwards, Henry A. (5).....	Pink Hill
Edwards, James H. (4) 410 Prof. Bldg. (TE 2-6356).....	Raleigh
Edwards, J. R. (4).....	Fuquay Springs
Edwards, J. R., Jr. (4).....	Fuquay Springs
Edwards, L. M. (3) Box 507 (2-2265).....	Durham
Edwards, W. J. (3) Box 374 (SH 2-2919).....	Siler City
Edwards, Z. L. (5) Box 157.....	Washington
Edwards, Z. L., Jr. (5) Box 157.....	Washington
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Ezzell, L. L. (1) (103).....	Andrews
Fales, A. R. (5) 405 Murchison Bldg.....	Wilmington
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Faucette, John W. (1) Box 685 (2-2981).....	Swannanoa
Ferro, Edward R. (5) Box 49 (3387).....	Ashokie

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Finch, Robert E. (4) 807 Prof. Bldg. (TE 3-6762).....	Raleigh
Finch, S. J. (4) Box 311 (3524).....	Oxford
Finch, Walter H. (4) Box 862.....	Henderson
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Fitzgerald, Paul, Jr. (4) 520 Prof. Bldg. (TE 3-1351).....	Raleigh
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Fleming, T. S. (5) Box 611 (TA 3-3864).....	Tarboro
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Folger, J. M. (2).....	Dobson
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Foushee, L. M. (3) Box 966 (CA 6-5186).....	Burlington
Foust, James A., Jr. (3) (3-5774).....	Mebane
Fowler, Harold D., Jr. (2).....	
203 Stimson-Wagner Bldg. (TR 3-6012).....	Statesville
Fowler, William F. (2) (4171).....	Walnut Cove
Fox, Burke W. (2) 121 W. 7th St.....	Charlotte
Fox, M. O. (2) 222 W. Main St.....	Elkin
Fox, N. D. (2) 1656 Reynolda Rd.....	Winston-Salem
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Freedland, J. B. (2).....	
724 Doctors Bldg., 1012 Kings Drive (FR 6-1651).....	Charlotte
Freund, O. J. (2) 715 W. 4½ St.....	Winston-Salem
Fritz, C. B. (1) Bernard Bldg. (DA 4-6928).....	Hickory
Fritz, John R. (1) Bernard Bldg.....	Hickory
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Frye, D. G., Jr. (1) 214 2nd St., N.W.....	Hickory
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Furr, James E. (5) 406 Murchison Bldg. (RO 2-7913).....	Wilmington
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Furr, W. E. (1).....	Franklin
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Garber, M. R. (3) Hill Bldg.....	Albemarle
Gardner, J. M. (4) (2331).....	Gibson
Garrett, Reid T. (3) Box 356.....	Rockingham
Garriott, Rosebud Morse (2) Box 63 (6-2551).....	East Bend
Garris, Marcus A. (5) Box 186 (9-9551).....	Weldon
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Goldwasser, J. M. (5) Box 396.....	Kinston
Gollobin, Arthur (5) Box 163.....	Elizabeth City
Gooding, Carnie C. (5) (2608).....	Havelock
Gooding, Herbert W. (5) (3831).....	Ayden
Goodwin, C. J. (1) 15 E. Jordan St. (TU 2-1521).....	Brevard

Grady, L. V. (2) Doctors Bldg., Kings Drive	Charlotte
Graham, C. A. (3)	Ramseur
Graham, C. Allen, Jr. (3) Moore St. (3751)	Southport
Graham, James E., Jr. (2) 1350 St. Julien St. (ED 4-2243)	Charlotte
Graham, R. H. (1) Box 607 (PL 4-7881)	Lenoir
Grahl, Carol Linwood, Jr. (1) 109 Johnson St. (TU 3-1962)	Brevard
Grant, Ben P. (1) (73)	Franklin
Grant, L. C., Jr. (5) (3911)	Jackson
Gray, W. H., Jr. (5)	Williamston
Griffin, Lloyd E., Jr. (5)	Elizabeth City
Griffin, Wallace S. (5) Citizens Bk. Bldg	Edenton
Griffin, W. K. (3) 1004½ W. Main St. (5-3031)	Durham
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Hall, Thomas A., Jr. (3) 610 N. Elam Ave. (BR 4-5076)	Greensboro
Haltiwanger, George A. (3) 102 N. Lawrence St.	Rockingham
Hamer, Thomas N. (2) 415 Prof. Bldg. (ED 3-5811)	Charlotte
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Hamilton, R. P. (4) (HO 7-2771)	Cary
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Hand, William L., Jr. (5) Box 335	New Bern
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Hargrove, W. F. (1) 815 Oakland St. (OX 3-6226)	Hendersonville
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Harris, Guy V. (3) 501 Trust Bldg.	Durham
Harris, Perry F. (3) 33 Circle Dr., Dogwood Acres (3711)	Chapel Hill
Harris, Stanford (1) (2311)	Weaverville
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Hart, W. I. (5) 400 S. Broad (2519)	Edenton
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Herman, Ralph E. (2) (2251)	Taylorsville
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Hester, J. N. (3) Box 596	Reidsville
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 Hinson, Thomas R. (3) Stoutenburg Bldg., 239 E. Front St. Burlington
 Hinson, Wade Allison (2) 505 Wallace Bldg. (ME 3-2491).....Salisbury
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 Holland, Murry W. (3) 3 Purefoy Rd. (9-3441).....Chapel Hill
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 Hord, Dwight B. (1) (7273).....Lawndale
 Hord, D. F., Jr. (1) Box 248 (332).....Kings Mountain
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 Hughes, Charles W. (3) (8-1801).....Roxboro
 Hughes, Jack H. (3) (6791).....Roxboro
 Hughes, John T. (3) Box 237 (Kingswood 2-4061).....Pittsboro
 Hulin, James Franklin (4) Box 405 (SP 3-1021).....Sanford
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 Hull, P. C., Jr. (2) 601 Doctors Bldg. (ED 4-7202).....Charlotte
 Hull, Robert H. (2) 1014 Independence Bldg. (ED 2-2532).....Charlotte
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 Hunt, John J. (1) (OL 7-6767).....Cliffside
 Hunt, Joseph T. (4).....Henderson
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 Hunt, Richard F., Jr. (5) Box 926.....Rocky Mount
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 Johnson, C. B. (5) Box C 4156.....Jacksonville
 Johnson, Charles B. (5) Box 648.....New Bern
 Johnson, Carol Hyde (3) 5 Rice St.....Brevard
 Johnson, Joseph M. (4).....Laurinburg
 Johnson, Kenneth L. (4) 302 Land's Bldg. (TE 2-5145).....Raleigh
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 Johnson, W. H. (5) (5411).....Plymouth
 Johnson, William H. (3) (2-3631).....Southern Pines
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 Jones, Paul E. (5) 502 S. Main St. (3565).....Farmville
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 Jones, William F. (2) 404 D St. (161).....North Wilkesboro
 Jones, William R. (3) South Fourth St. (LO 3-5774).....Mebane
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 Keiger, C. C. (2) 712 Independence Bldg. (ED 2-8731).....Charlotte
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 King, James B., Jr. (3).....Pittsboro
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 Lawrence, Jack D. (1) Appalachian Theatre Bldg. (AM 4-3721).....Boone
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 Leggette, James A., Jr. (3) 915 Lamond Ave. (2-4016).....Durham
 Lentz, B. P. (2) 424 Prof. Bldg. (FR 7-2980).....Charlotte
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 Lilley, Melvin Mullen (5) Box 96 (378-1).....Scotland Neck
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Taylor, C. F. (2) 1627½ Elizabeth Ave. (ED 2-7401).....	Charlotte
Taylor, Clyde Leslie (3) Box 1146 (BR 2-9765).....	Greensboro
Taylor, Kenneth, Jr. (1) 111 W. 3rd Ave. (UN 4-3511).....	Gastonia
Taylor, Lois E. (2) 720 E. Boulevard (ED 3-4807).....	Charlotte
Taylor, Omer W. (1) 558 Fleming St.....	Hendersonville
Taylor, Preston R. (1) Box 108 (TA 5-2635).....	Belmont
Taylor, Robert G., Jr. (2) Box 586.....	North Wilkesboro
Taylor, W. C. (2) Box 1429.....	Salisbury
Teague, Charles H. (3) 716 Southeastern Bldg. (BR 2-3934).....	Greensboro
Teague, Everette R. (3) Box 659 (DI 9-3531).....	Reidsville
Templeton, William B. (2).....	Templeton, William B. (2)
1313 Liberty Life Bldg. (FR 7-4000).....	Charlotte
Tew, J. J. (4).....	Clayton
Thomas, C. A. (5) Box 1315 (RO 2-3914).....	Wilmington
Thomas, Carl L. (2) Box 663.....	Mount Airy
Thomas, J. E. L. (1) VA Hospital, Swannanoa Division.....	Oteen
Thomas, J. T., Jr. (3) 151 N. Fayetteville St.....	Asheboro
Thompson, Harold W. (2) (UL 7-7497).....	China Grove
Thompson, Horace K. (5) 3500 Oleander Drive.....	Wilmington
Thompson, Lee Roy (2) 801 O'Hanlon Bldg.....	Winston-Salem
Thorpe, J. O. (2).....	Thorpe, J. O. (2)
Suite A-2101 N. Independence Blvd. (ED 3-0690).....	Charlotte
Thurston, Milton S. (2) Box 1216 (ME 3-1762).....	Salisbury
Todd, H. A. (4) 511 S. Franklin St.....	Whiteville
Tomlinson, F. N. (2) 310 O'Hanlon Bldg. (PA 2-7326).....	Winston-Salem
Tomlinson, R. L. (5) 1st National Bk. Bldg.....	Wilson
Towler, S. B. (4) 801 Prof. Bldg. (TE 2-0926).....	Raleigh
Townsend, G. L. (4) Box 469.....	Dunn
Townsend, M. F. (4) Box 1053.....	Lumberton
Trivette, L. P. (2) Box 574 (3-4331).....	Mooreville
Trotman, M. L. (2) Box 751.....	Kannapolis
Truluck, Moultrie H. (1) Box 5294 (AL 3-9856).....	Asheville
Tucker, W. W. (5) Room 108, Purser Bldg.....	Goldsboro
Turbyfill, W. J. (1) 302 Flatiron Bldg.....	Asheville
Turlington, R. H. (4) Henry Vann Bldg. (3613).....	Clinton
Turner, James L. (2) Box 717 (6661).....	Kernersville
Turner, J. V. (5) Box 1426 (3387).....	Wilson
Turner, L. R. (5) Box D (4455).....	Jacksonville
Turner, R. S. (3) 811 N. Elm St. (BR 2-6432).....	Greensboro
Umphlett, W. W., Jr. (5) 507 Nash St.....	Wilson
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Underwood, J. T. (3) 2829 Chapel Hill Rd. (7-9011).....	Durham
Underwood, Nash H. (4) 814 S. Main St. (2536).....	Wake Forest
Underwood, R. L. (3) 115½ S. Elm St.....	Greensboro

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Voils, C. U. (2) Box 240	Mooresville
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Waddell, M. A. (4)	Fair Bluff
Wadsworth, Charles H. (2) 180 N. Union St.	Concord
Walker, B. N. (2) 301 Hawthorne Lane (ED 3-9063)	Charlotte
Walker, F. H. (2) (2181)	Yadkinville
Walker, M. E. (3) 1431 Broad St. (8-9791)	Durham
Walker, Woodrow W. (2) 1516 Elizabeth Ave.	Charlotte
Wall, L. E. (2) 706 Independence Bldg. (ED 3-8087)	Charlotte
Waller, D. T. (2) 301 Hawthorne Lane (ED 2-1223)	Charlotte
Walters, Percy F. (2) Box 251 (AT 3-2998)	Monroe
Ward, Ernest B. (4) (MI 2-3754)	Whiteville
Ward, James A. (5)	Roanoke Rapids
Ware, William G., Jr. (3)	
Box 111, 3201st USAF Hosp.	Eglin AFB, Florida
Warlick, R. B. (3) Box 331 (OX 5-3522)	Southern Pines
Warren, E. R. (5) Box 845	Goldsboro
Warren, Ray Alexander (1) 330 S. Grove St. (5-2740)	Lincolnton
Watkins, J. C. (2) 1219 Forsyth	Winston-Salem
Watson, Robert Hugh (2) 301-C Hawthorne Lane (ED 2-1223)	Charlotte
Waynick, George E., Jr. (2) 731 Nissen Bldg.	Winston-Salem
Waynick, I. M. (2) 731 Nissen Bldg.	Winston-Salem
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Weathersbee, Ramsey, Jr. (5) Box 602	Wilmington
Weaver, R. C. (1) 303 Flatiron Bldg. (AL 2-3187)	Asheville
Webster, B. H. (2) 1112 Liberty Life Bldg. (ED 2-1337)	Charlotte
Webster, Frank T. (3) Box 168 (754)	Madison
Weeks, H. E. (5) (4344)	Tarboro
Weeks, William P. (2) 122 Pennsylvania Ave.	Winston-Salem
Wehunt, Lloyd Dixon (1) Box 25	Valdese
Wells, C. T. (1) Wells Bldg.	Canton
Wells, C. T., Jr. (1) Wells Bldg.	Canton
Wells, DeLeon, Jr. (5)	Wallace
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Wheeler, C. D. (2) 500 Wallace Bldg.	Salisbury
Wheeler, Charles M. (3) 117 N. Cedar St. (BR 2-4842)	Greensboro
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Whicker, T. A. (2) Box 767	Thomasville
Whisnant, C. M. (1) (11)	Burnsville
Whisnant, J. F. (1) Box 347 (ME 1-2171)	Spindale
White, T. L. (2) (103)	North Wilkesboro
Whitehead, A. P. (5) Box 1303	Rocky Mount
Whitehead, J. W. (4) Box 465	Smithfield
Whitehurst, R. L. (5) Box 207	Rocky Mount
Whitson, W. K. (1) Box 7125 (AL 2-6071)	Asheville
Whittington, P. B., Jr. (3)	
228 Medical Arts Bldg. (BR 2-7875)	Greensboro
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Wilkins, R. A. (5) Box 227	Mount Olive
Williams, Carolyn T. (2) Box 103	North Wilkesboro
Williams, Egbert P. (4) Box 106 (3-1038)	Stedman
Williams, Harry R. (4) (2216)	Roseboro
Williams, Henry T. (1) Room 18, Hollar Bldg.	Hickory
Williams, Jabez Herring, Jr. (1) A03045144	
7415th USAF Hosp., USAFE	APO 230, New York, New York
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Williams, Joel Sherrod (2) 120 S. Tradd St. (TR 3-3281).....	Statesville
Williams, R. E. (5) 210 N. Herman St.....	Goldsboro
Williamson, B. W., Jr. (3) (1573).....	Hamlet
Williamson, J. F. (3).....	Wadesboro
Willis, Guy R. (3) 910 111 Corcoran St. Bldg. (2-3363).....	Durham
Wilson, F. M. (2) 101 S. Hayne St. (AT 3-3312).....	Monroe
Wilson, G. Curtis (4) 1800 Anderson St.....	Wilson
Wilson, Noracella E. McGuire (1).....	Sylva
Wilson, Roy W. (2) 818 Professional Bldg.....	Charlotte
Winchester, P. W. (1) Box 628.....	Morganton
Withers, R. M. (2).....	Davidson
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Woltz, William Lee, Jr. (4) Box 257 (3-4571).....	Sanford
Woodall, D. C. (4) Box 437 (2853).....	Erwin
Woodard, W. L. (5).....	Beaufort
Woody, F. Spencer (3) (5901).....	Roxboro
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Woody, L. W., Jr. (1) (POplar 5-4161).....	Spruce Pine
Woody, L. W., Jr. (1) POplar 5-4161).....	Spruce Pine
Woody, M. E., Jr. (1) 318 South St. (UN 5-0490).....	Gastonia
Woody, W. L. (1) 318 South St. (UN 5-0490).....	Gastonia
Wooten, A. L. (5) National Bank Bldg.....	Wilson
Wooten, C. L. (4) Box 563 (3353).....	Whiteville
Wooten, George A. (5) Box 163.....	Snow Hill
Wright, Dan (5) Box 546 (3745).....	Greenville
Wright, E. K., Jr. (5) Box 48 (2041).....	Williamston
Yates, P. P. (1) Hedrick Bldg. (PL 4-3674).....	Lenoir
Yates, Robert A. (4) Box 265 (4761).....	Chadbourn
Yelton, John L. (1) Box 35.....	Shelby
Yelton, W. F. (2) 531 Nissen Bldg. (PA 2-6662).....	Winston-Salem
Yelton, William D. (1) Box 795.....	Hickory
Yelverton, Hugh (5) Box 984.....	Wilson
Yokey, Gilbert W. (2) O'Hanlon Bldg.....	Winston-Salem
Yokey, K. M. (2) 767 Oaklawn Ave.....	Winston-Salem
Young, D. C., Jr. (2) Medical Arts Bldg.....	Salisbury
Young, H. L. (5) 119 North Church St.....	Rocky Mount
Young, T. L. (4) 920 W. Johnson St. (TE 2-5618).....	Raleigh
Young, W. H. (5) (76).....	Burgaw
Young, W. Kenneth (3) 153 Bishop St. (BR 4-5928).....	Greensboro
Zaytoun, Henry S. (5) 900 Sunset Ave.....	Rocky Mount
Zealey, James M. (5) Box 200.....	Goldsboro
Zibelin, C. V. (5) Box 407 (4536).....	Wallace
Zimmerman, H. Stokes (2) 804 Nissen Bldg. (PA 2-1322).....	Winston-Salem
Zimmerman, John W., Jr. (2) 405 Wallace Bldg.....	Salisbury
Zimmerman, L. H. (3) 164 S. Main St.....	High Point
Zimmerman, Lee Roy (3) 164 S. Main St.....	High Point
Zimmerman, Thomas R. (3) 164 S. Main St.....	High Point

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August 1, 1958

Edwards, E. L. (1) 207 S. King St.....	Morganton
Nance, A. W. (4).....	Point Harbor

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Assistant Secretary: Janie Brown, 1419 6th St.....Durham
Treasurer: Lake Pope, Box 123, Baptist Hosp.....Winston-Salem

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